

Name
in
Full

Ellen Asquith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Seat Pleasant ^{Town} Prince George ^{County} MARYLAND

Date of death 1907 ^{Month} April ^{Day} 3rd. ^{Years} — ^{Months} — ^{Days} 28

Sex male Color or Race white Birth-place P.G. Co., Ind.

Occupation none Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Geo. Nelson Asquith Father's Birthplace Ind.

Mother's Maiden Name Eva Ellen Love Mother's Birthplace Ind.

Name of person giving information Geo. Nelson Asquith How related to deceased father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary marasmus How long 35 days

Immediate asthma How long 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician R. M. Brady, M.D.
Resilworth,
W.C.

Address —

Accident or Suicide? 8



8

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

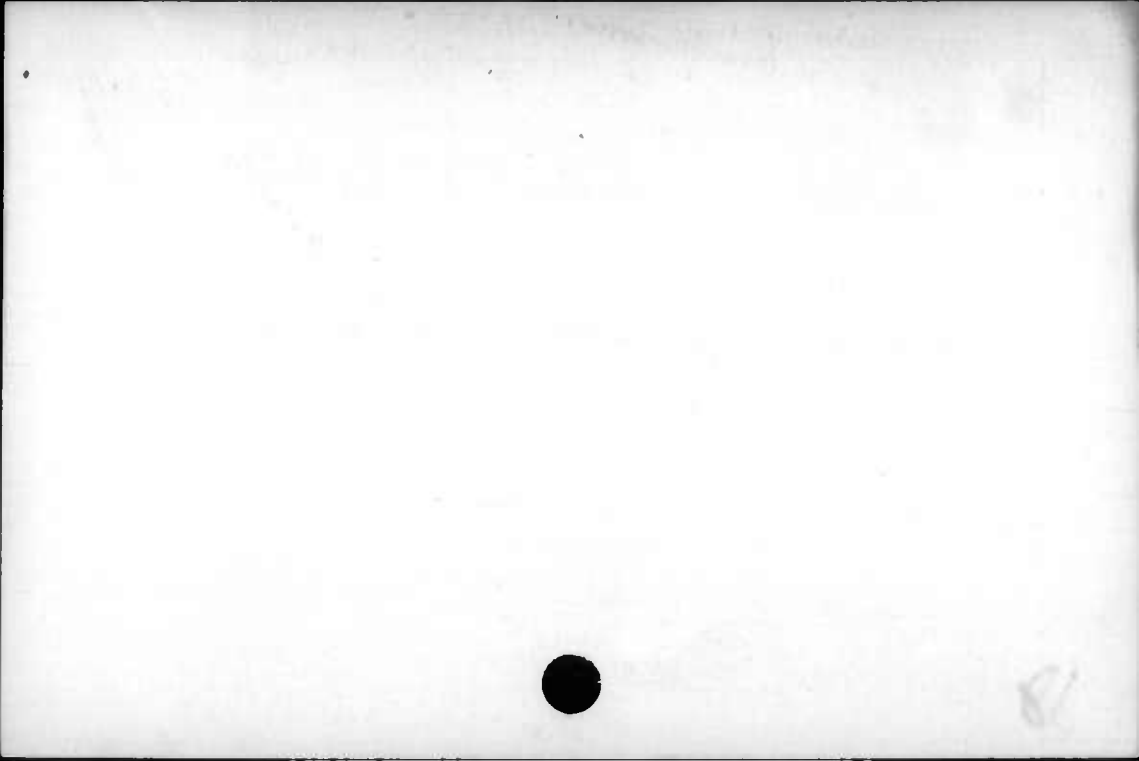
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>James M. Ball</i>		County <i>Allegany</i>			
Date of death <i>1907</i>		Month <i>4</i>	Day <i>7</i>	Years <i>66</i>	Months <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Geo Md</i>			
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Thomas Ball</i>		Father's Birthplace <i>Geo Md</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Samuel Allen Supt.</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary</i>	How long <i>27</i>
Immediate <i>Tuberculosis</i>	How long <i>2 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Sansbury M.D.</i>
	Address <i>Farmville Geo Md</i>
Accident or Suicide? <i>neither</i>	



Name
in
Full

Fanny Boozer

CERTIFICATE OF DEATH

Died at *Z.B.* Town*P.H.* County

MARYLAND

Date of death *1907* Month *4*Day *3*Years *24* Age *24*

Months

Days

Sex *female*Color or
Race*Colored*Birth-
place*ma*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*McLain Boozer*Father's
Name*Wm Smith*Father's
Birthplace*md*Mother's
Maiden Name*Johnana Duckett*Mother's
Birthplace*md*Name of person giving
In formation*Wallace Smith*How related
to deceased*Brother*

CAUSES OF DEATH

27

Primary

Miliary Tuberculosis

How long

3 months

Immediate

How long

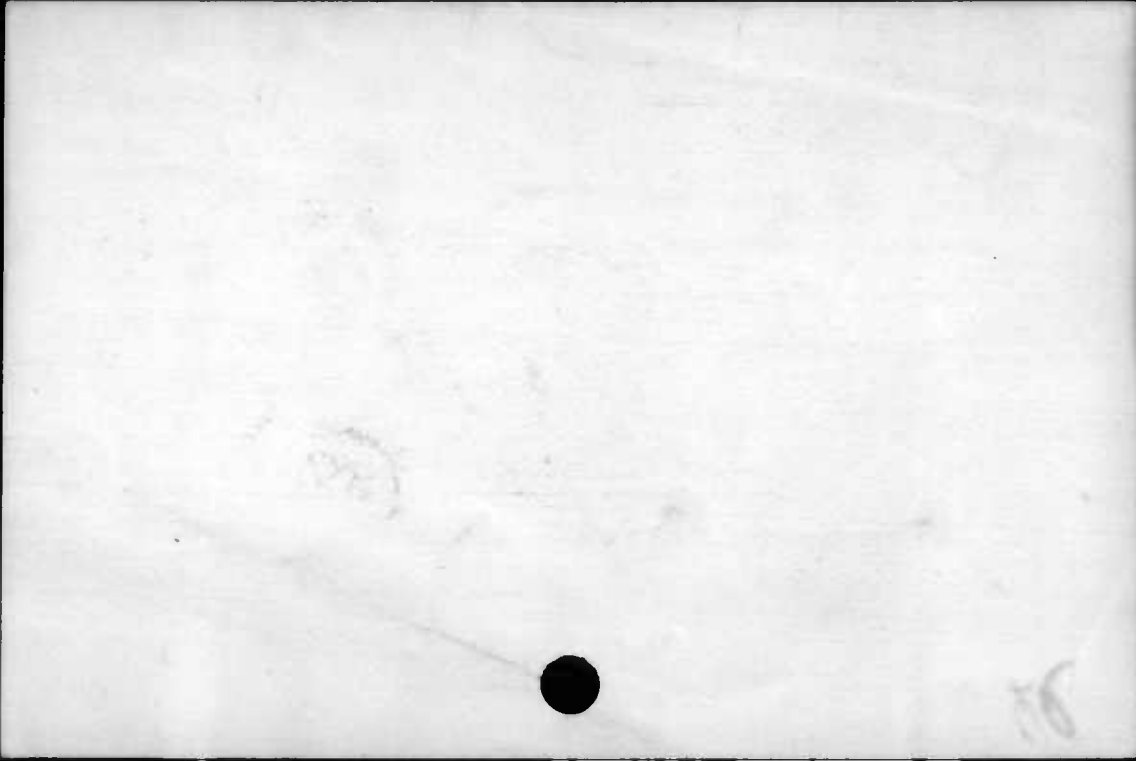
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*John A. Cor**Z.B.**ma*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Theophalus A. Boteler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

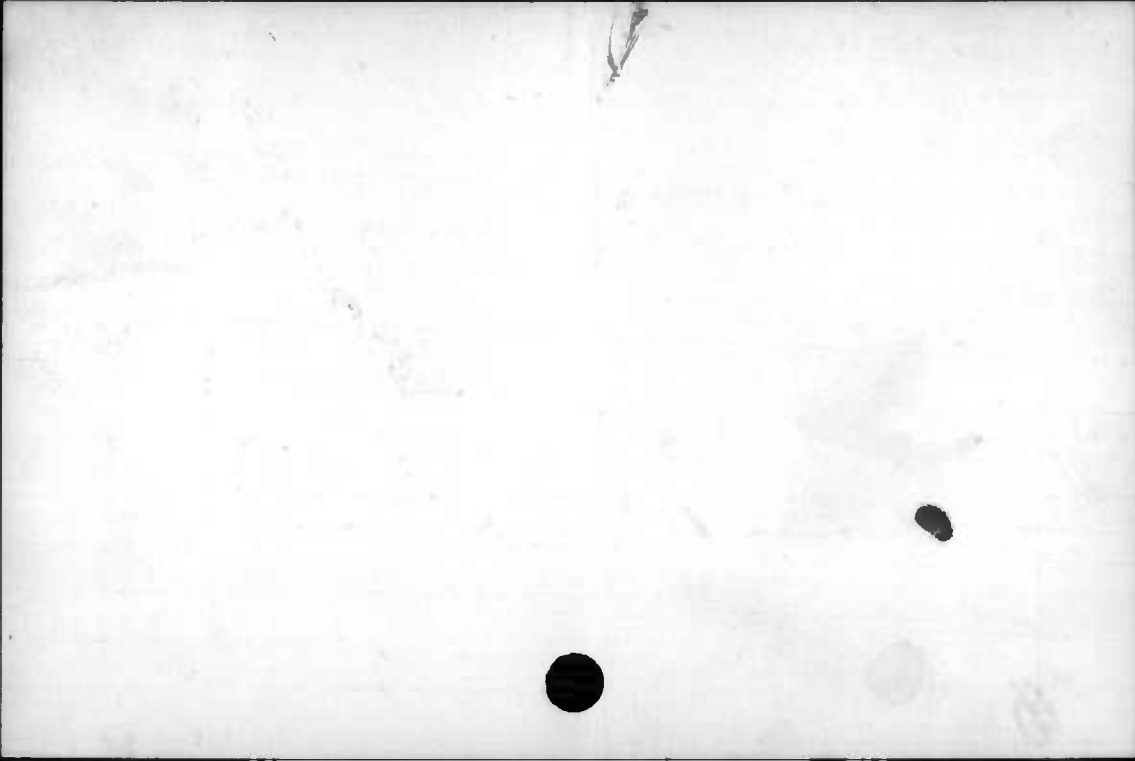
Died at <u>Berwyn</u> Town		<u>Prince Georges</u> County		MARYLAND	
Date of death	1907	Month	April	Day	23
Age	90	Years		Months	
Sex	Male	Color or Race	White	Birth place	MD
Occupation	Retired Farmer	Where Residing if not at place of death	at Berwyn		
Married, Single or Widowed		Name of Wife or Husband	Margaret Harriet Boteler		
Father's Name	Don't know			Father's Birthplace	MD
Mother's Maiden Name	Margaret Harriet			Mother's Birthplace	MD
Name of person giving information	George Boteler			How related to deceased	son

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Bright's disease	How long	about one year
Immediate	Uremic Coma	How long	about 24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. A. Fied
	Yes	Address	Berwyn
Accident or Suicide?			MD



Name
in
Full

CERTIFICATE OF DEATH

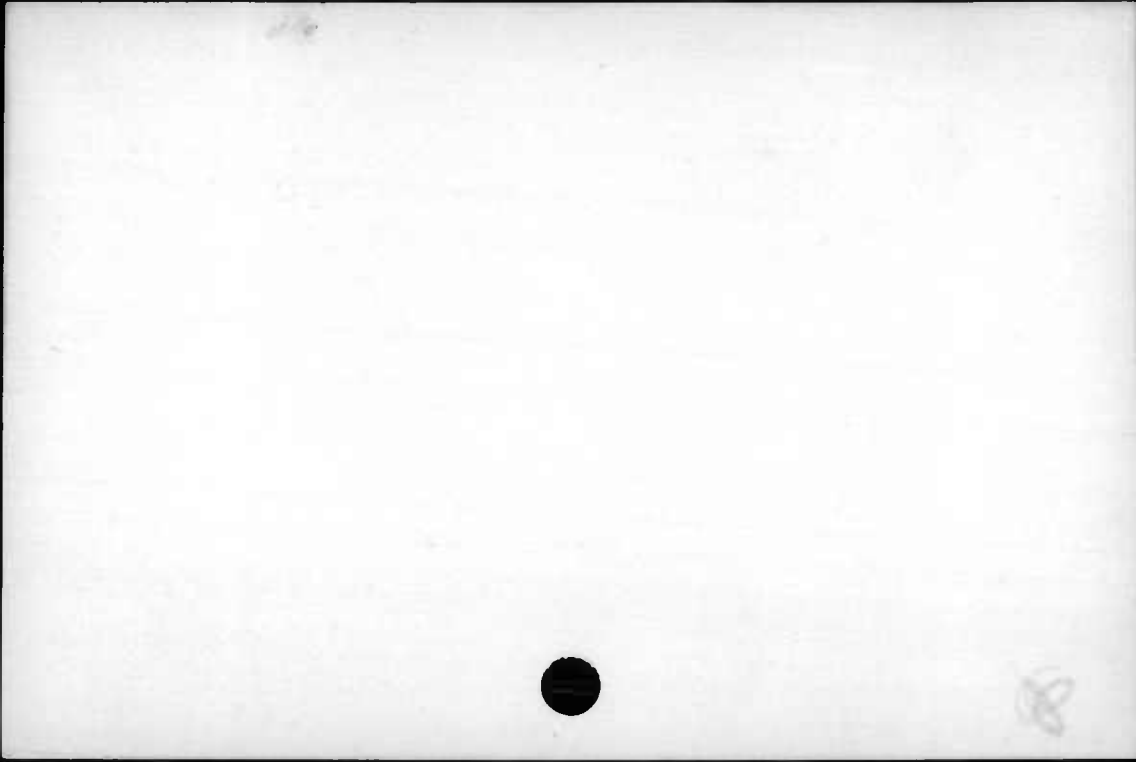
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Marlboro</i>		Town <i>Brown</i>		County <i>P. Geo</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>11</i>	Age	Years	Months <i>1</i>	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>P. Geo Md</i>				
Occupation <i>Nurse</i>			Where Residing if not at place of death				
Married—Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>John Brown</i>			Father's Birthplace <i>P. Geo Md</i>				
Mother's Maiden Name <i>Bessie Quander</i>			Mother's Birthplace <i>" "</i>				
Name of person giving information <i>John Brown</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Did not see child</i>	How long <i>2 dys</i>
Immediate <i>Coronary</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Reverdy Sasser</i>
	Address <i>Upper Marlboro Md</i>
Accident or Suicide? <i>8</i>	



Name
in
Full

Eliza D Chew

CERTIFICATE OF DEATH

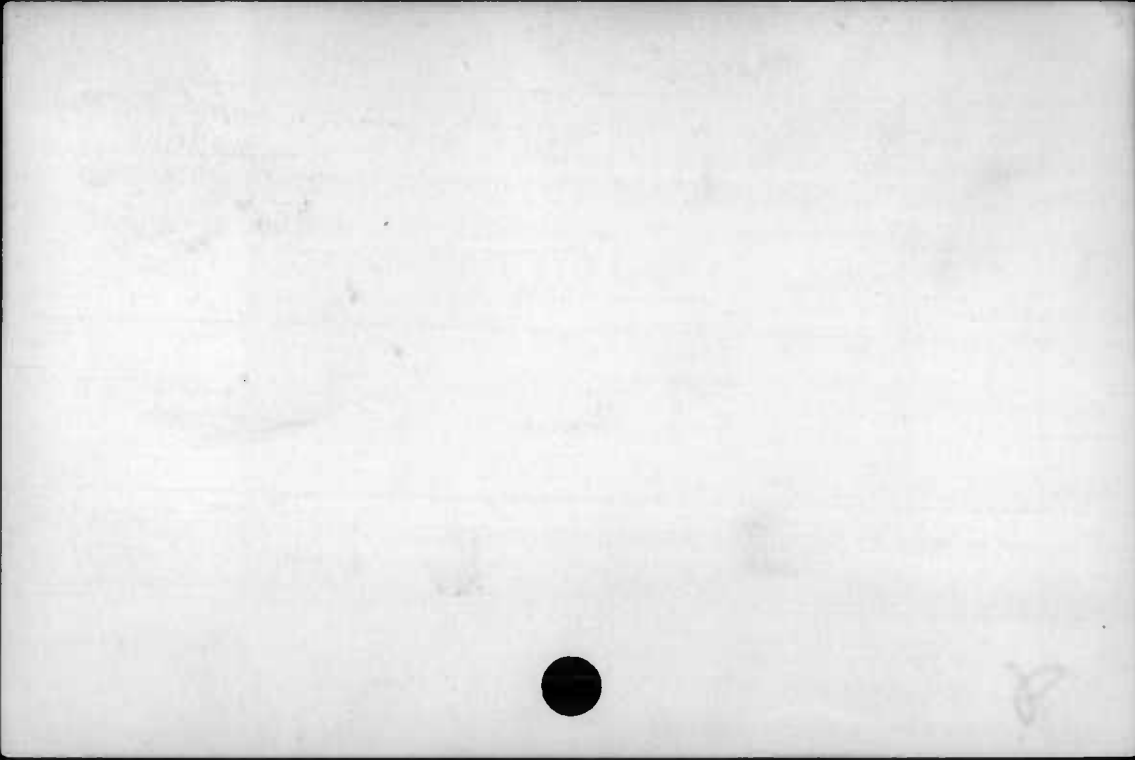
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Near Marlboro		County P. Geo		MARYLAND	
Date of death		Month 1907	Day 4	Age 21	Years 52	Months	Days
Sex Female		Color or Race White		Birth- place Md			
Occupation Unknown				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Richard B. B. Chew		Father's Birthplace Maryland					
Mother's Maiden Name Lorisa D. Brooks		Mother's Birthplace Md					
Name of person giving In formation P. W. Chew		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Leucemia		(45)	How long One year
Immediate Exhaustion			How long 2 weeks
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Reverdy Sasser	
Address Upper Marlboro Md			
Accident or Suicide?			



Name
in
Full

Nancy Claybourne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

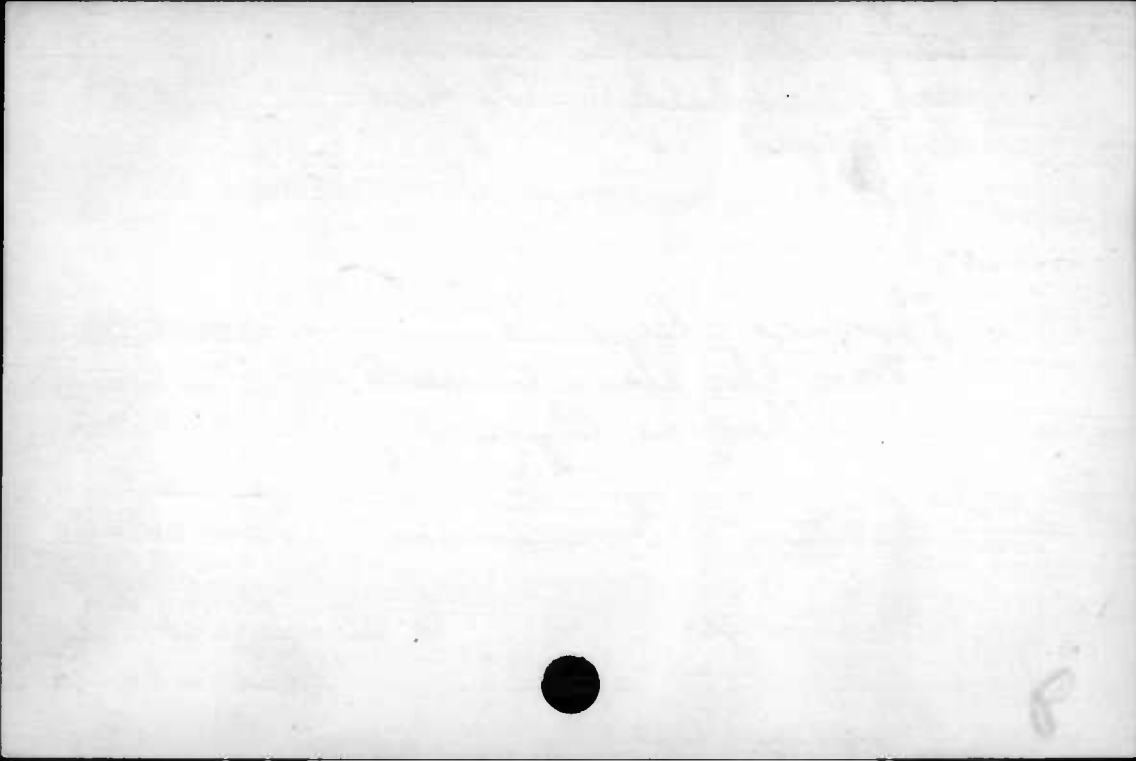
Died at <i>W. Washington</i> ^{Town} <i>P.F.</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>4</i> ^{Day} <i>12</i> ^{Years} <i>Age 62 about</i> ^{Months}	^{Days}		
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Va.</i>	
Occupation <i>Unknown</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>William Claybourne</i>		
Father's Name <i>Henry Claybourne</i>	Father's Birthplace <i>Va.</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Wm Claybourne</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>La Grippe & complications</i>	How long <i>5 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John A. Cor</i>
	Address <i>J.B.</i>
	<i>Med</i>
Accident or Suicide?	



Name
in
Full

Gladys Elizabeth Clement-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Accokeek		^{County} Pr. Ges		MARYLAND	
Date of death	1907	Month	April	Day	3-
Age	2	Years		Months	
Sex	Female	Color or Race	White	Birth place	near Accokeek
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Thomas Clement-			Father's Birthplace	Accokeek Md.
Mother's Maiden Name	Mary Elizabeth Clement-			Mother's Birthplace	Pr. Ges. Co
Name of person giving information	Thomas Clement			How related to deceased	Father.

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Two months.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. D. Hurst, M.D.	
		Address	
		Princetown, Ind.	
Accident or Suicide?			

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

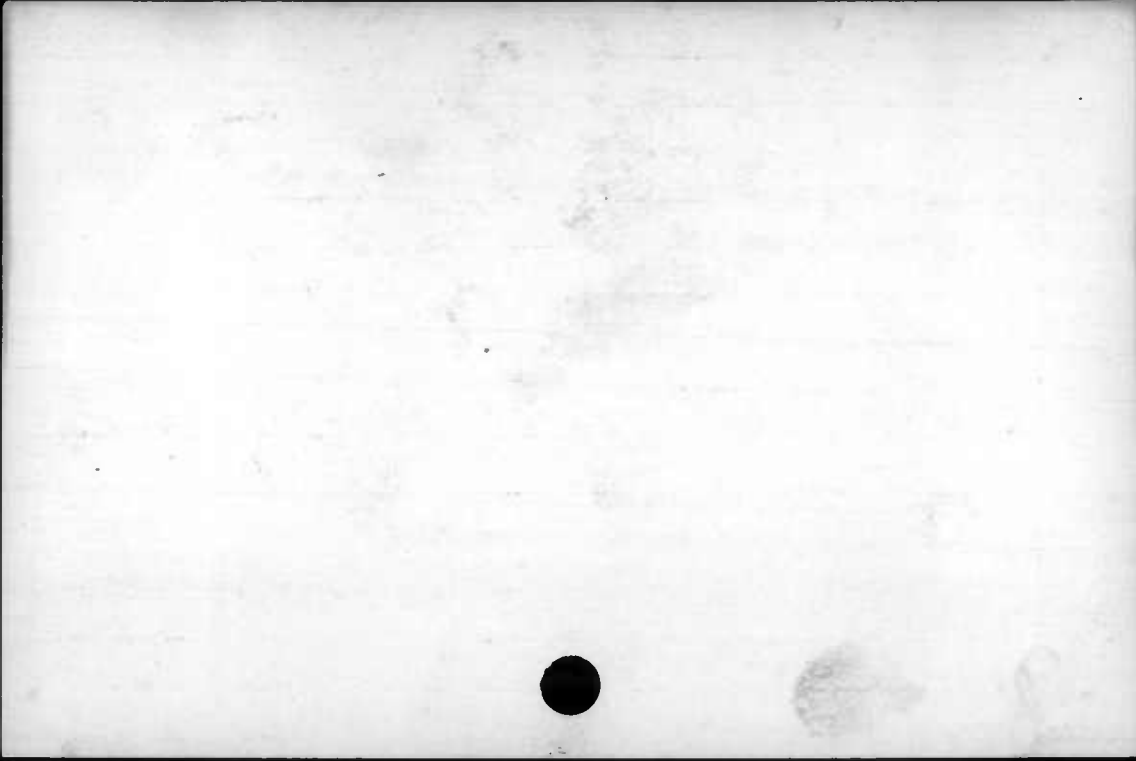
Name in Full <i>Christina Davidson</i>		Town <i>Laurel</i>		County <i>Prince Geo</i>		MARYLAND	
Died at <i>Laurel</i>		Month <i>April</i>		Day <i>11</i>		Age <i>73</i>	
Date of death <i>1907</i>		Months <i>11</i>		Days <i>11</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>H. Wfr</i>		Where Residing if not at place of death <i>Laurel</i>					
Married, Single or Widowed <i>2 yrs</i>		Name of Wife or Husband <i>Nicholas Davidson</i>					
Father's Name <i>Geo Ehrhark</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Hannah Cole</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Geo Davidson</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infirmities of old age.</i>		How long	<i>6 Mo.</i>
Immediate	<i>General Paralysis</i>		How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>J. R. Hewitt.</i>	
			Address <i>Laurel Md</i>	
Accident or Suicide?				

66



Name
in
Full

CERTIFICATE OF DEATH

Thomas Devanar

Town

County

Died at *Bledensburg* *Prince Georges* MARYLANDDate of death 190 *7* *Apr* *12* Age *77* Months DaysSex *Male* Color or Race *Colored* Birth place *Va*Occupation *Laborer* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or Husband *Susan Johnson*Father's Name *Don't know* Father's Birthplace *Unknown*Mother's Maiden Name *" "* Mother's Birthplace *Unknown*Name of person giving information *Frances Wright* How related to deceased *Daughter*

CAUSES OF DEATH

Primary *Chronic Bright Disease* How long *Two or three years*Immediate *Uraemic Poisoning* How long *Two or three days*

Are the name, age, sex, color, date and place correctly given above?

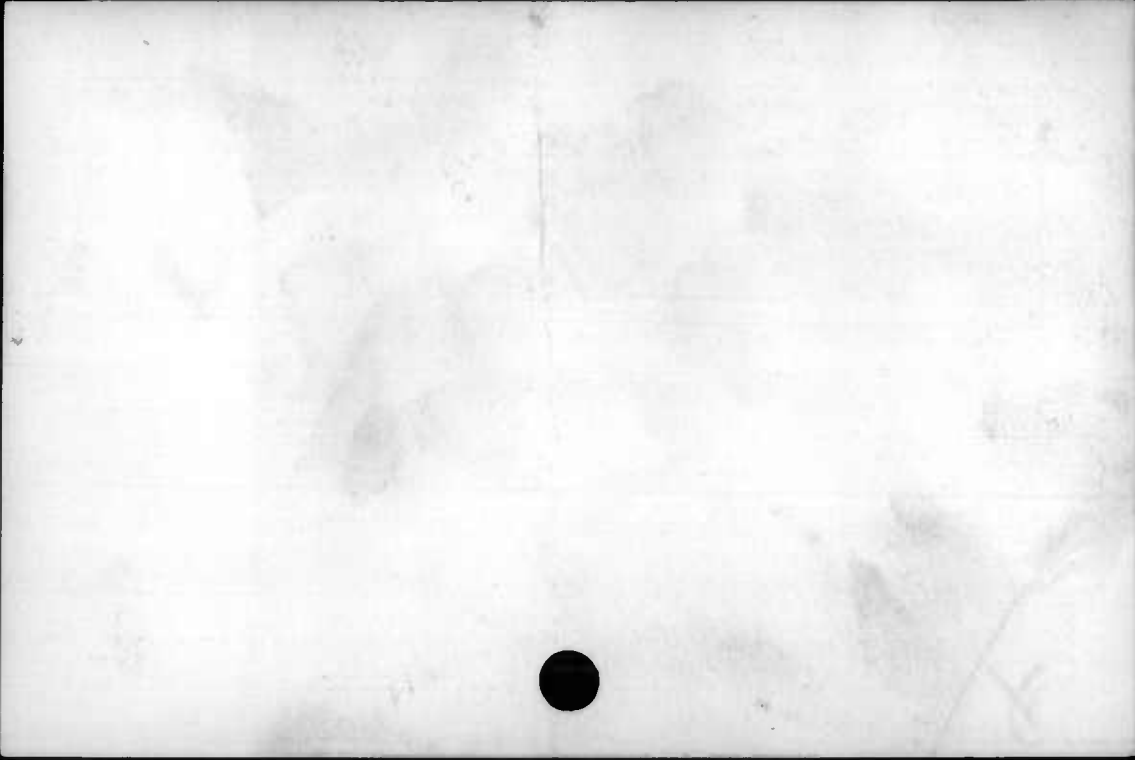
Signature of Physician

Address

W. Y. Birdwell M.D.
Hyattsville
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Diggs

Died at Near Marlboro Town

Alger County

MARYLAND

Date of death 1907

Month 4

Day 16

Age 30 Years

Months

Days

Sex Male

Color or Race Colored

Birth-place md

Occupation Unknown

Where Residing if not at place of death Washington

Married, Single or Widowed Single

Name of Wife or Husband —

Father's Name David Diggs

Father's Birthplace md

Mother's Maiden Name Julia Diggs

Mother's Birthplace md

Name of person giving information David Diggs

How related to deceased Father

CAUSES OF DEATH

27

Primary Tuberculosis

How long 3 years

Immediate Hemorrhage

How long 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Reverdy Dancy
Address Upper Marlboro md.

Accident or Suicide?



8

Name
in
FullDixon
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

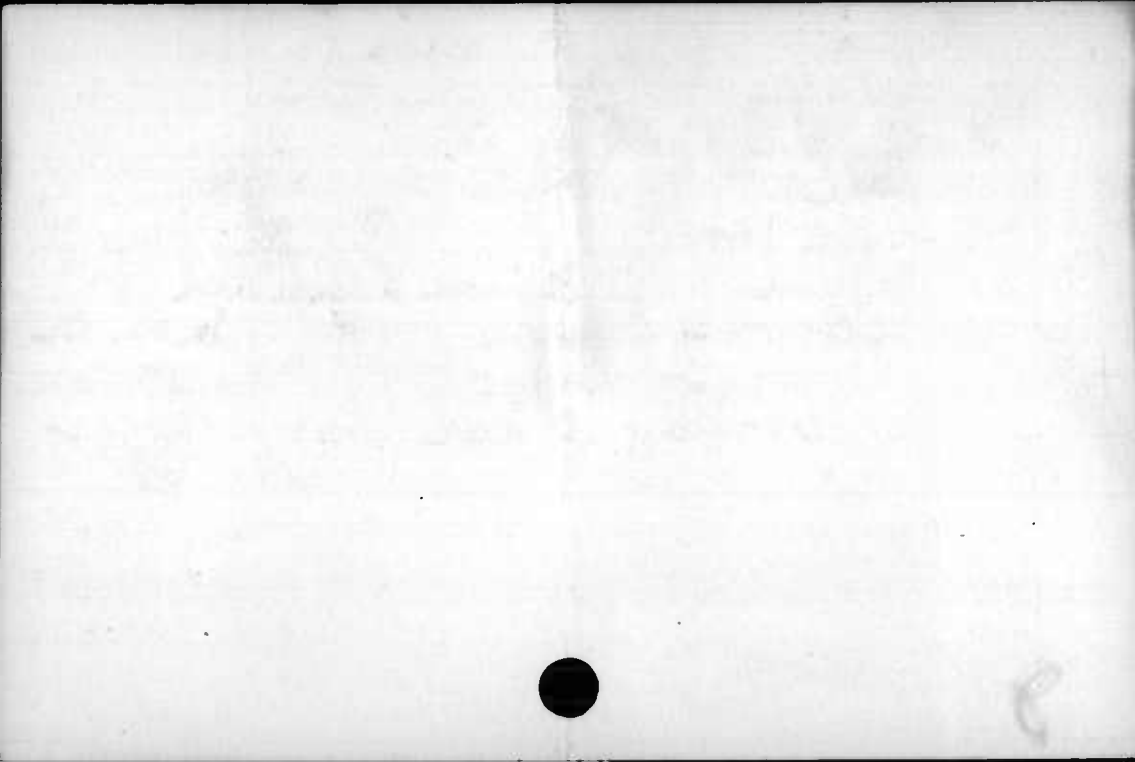
Died at <u>Fairmont</u> Town		<u>Prince George</u> County		MARYLAND	
Date of death	<u>1907</u> Month <u>April</u> Day <u>25</u>	Age	<u>—</u> Years	<u>4 1/2</u> Months	Days
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Fairmont</u>
Occupation	<u>None</u>		Where Residing if not at place of death		
<input checked="" type="checkbox"/> Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>William Daniel Dixon</u>			Father's Birthplace	<u>P. C.</u>
Mother's Maiden Name	<u>Edick Francis</u>			Mother's Birthplace	<u>P. C.</u>
Name of person giving information	<u>W. W. Jones M. P.</u>			How related to deceased	<u>Physician</u>

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary	<u>Premature Birth</u>	How long	<u>4 1/2 months</u>
Immediate	<u>exhaustion</u>	How long	<u>15 min.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>W. W. Jones M. P.</u>
		Address	<u>Beauford Heights</u>
Accident or Suicide?			



Name
in
Full

Charles Grandison Emack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Beltville</u> ^{Town}		<u>Prince Georges</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> ^{Month} <u>April</u> ^{Day} <u>4th</u>	Age	<u>51</u> ^{Years}	<u>11</u> ^{Months}	<u>10</u> ^{Days}
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth-place	<u>Beltville Md.</u>
Occupation	<u>Insurance Agent + Farmer</u>		Where Residing if not at place of death	<u>Parkton Md.</u>	
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Marion J. Emack</u>		
Father's Name	<u>Elbert G. Emack</u>			Father's Birthplace	<u>Nashin D.C.</u>
Mother's Maiden Name	<u>Margaret Turner</u>			Mother's Birthplace	<u>Parkton Md.</u>
Name of person giving information	<u>Edward G. Emack</u>			How related to deceased	<u>Brother</u>

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	<u>Cancer of the Spine</u>	How long	<u>about 18 months</u>
Immediate	<u>" " "</u>	How long	<u>about 4 months</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>C. A. Fox</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Address	<u>Beltville Md.</u>
<input checked="" type="checkbox"/> Accident or Suicide?			



8

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

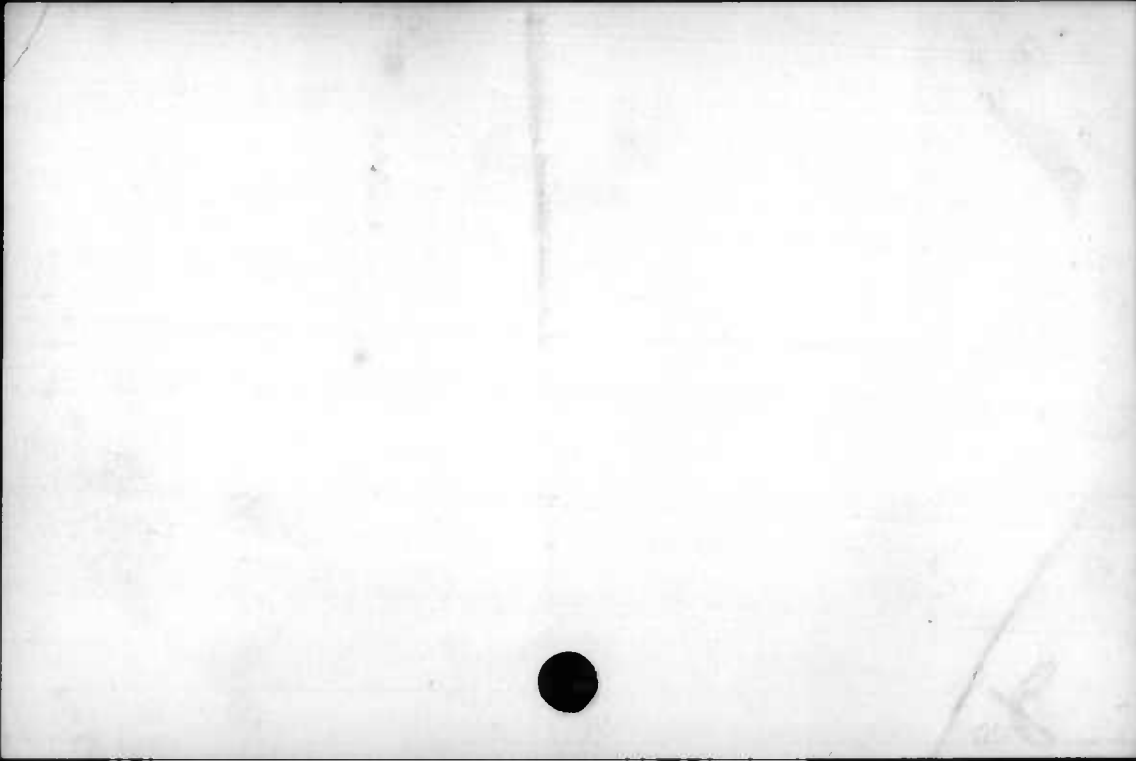
Died at <i>Brentwood</i> Town		<i>Foster</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>18</i>	Age	Years Months Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single Widowed	Name of Wife or Husband				
Father's Name <i>Thos B Foster</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Nelen English</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Father</i>	How related to deceased				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. C. Oklendorf M.D.</i>
	Address <i>Brentwood Md.</i>
Accident or Suicide?	



Name
in
Full

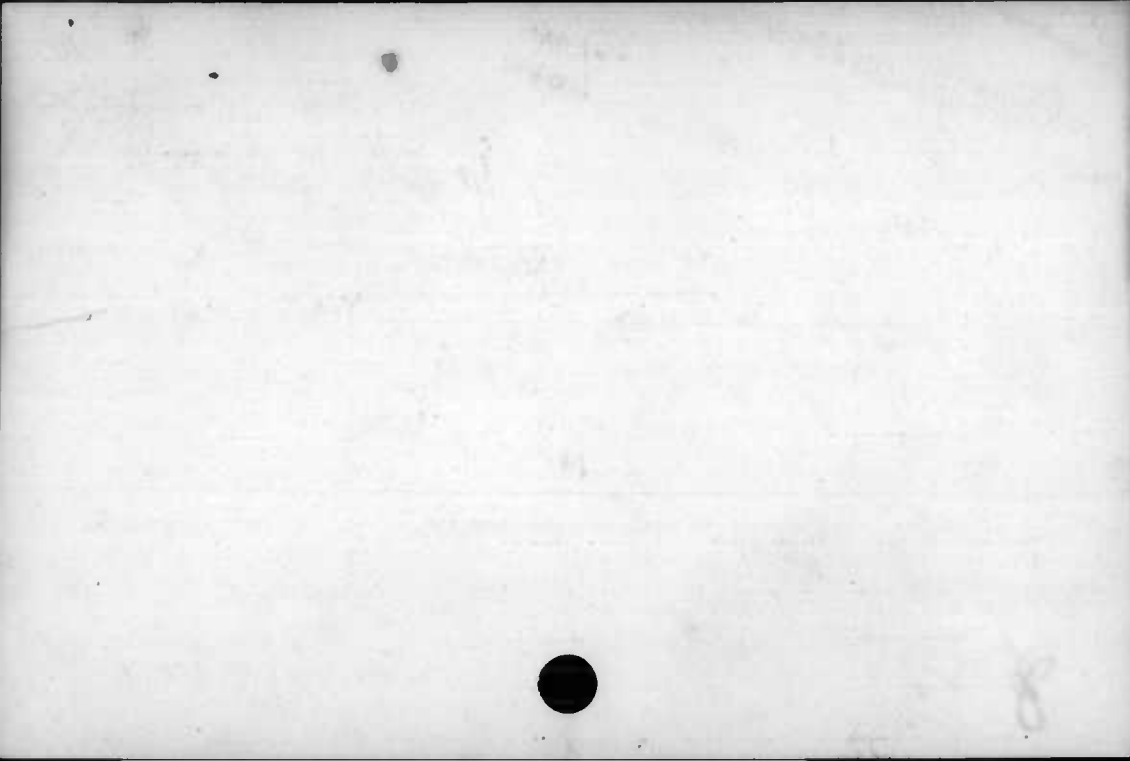
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

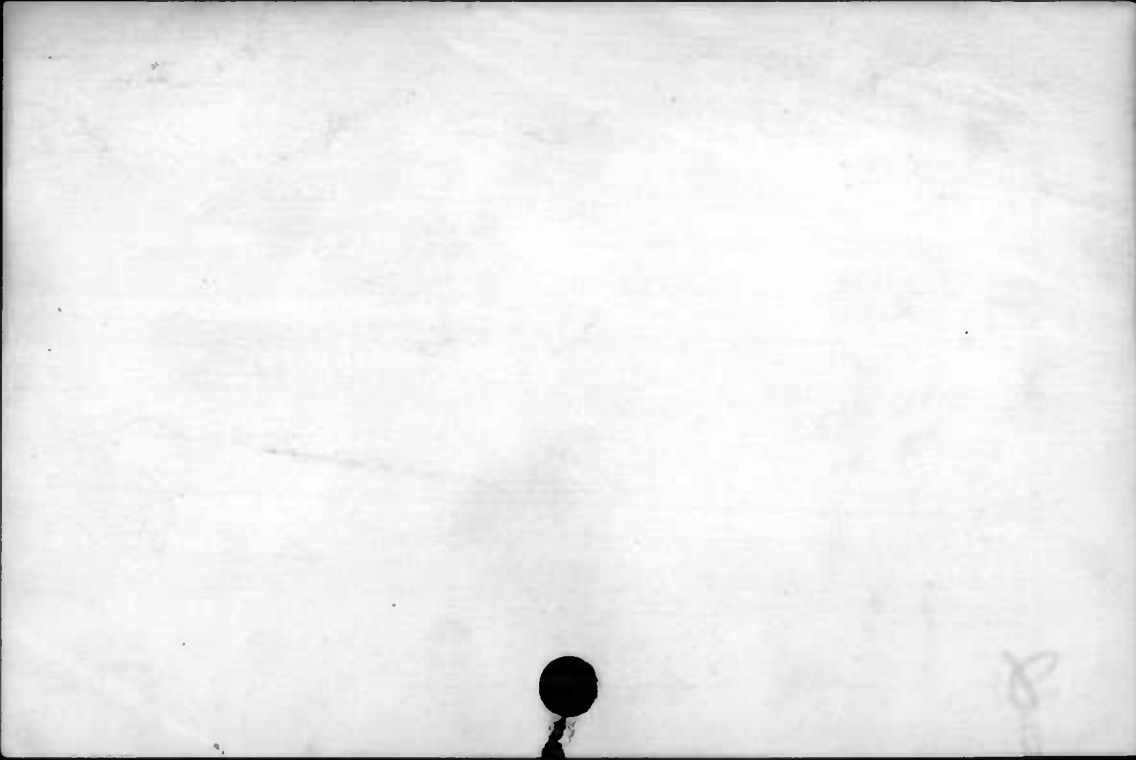
Died at <i>Forestville</i> ^{Town} <i>Prince George</i> ^{County} <i>MARYLAND</i>	
Date of death <i>1907</i> ^{Month} <i>April</i> ^{Day} <i>3rd</i> ^{Age} <i>70</i> ^{Years} <i>Months</i> <i>Days</i>	
Sex <i>Male</i> ^{Color or Race} <i>"White"</i> ^{Birth-place} <i>Germany</i>	
Occupation <i>Farmer</i> ^{Where Residing if not at place of death}	
Married, Single or Widowed <i>Widowed</i> ^{Name of Wife or Husband} <i>Katherine M. Fritz</i>	
Father's Name <i>Christopher Fritz</i> ^{Father's Birthplace} <i>Germany</i>	
Mother's Maiden Name <i>Bodner</i> ^{Mother's Birthplace} <i>Germany</i>	
Name of person giving information <i>Christian Fritz</i> ^{How related to deceased} <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Bladder trouble.</i> ^{How long} <i>37 mo.</i>	<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">125</div>	
	Immediate		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>John E. Sanborn M.D.</i> Address <i>Forestville Md.</i>
	Accident or Suicide? <i>Neither.</i>		



Name in Full		Myrtle Adelle Fuller.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town near Laurel		County Prince George		MARYLAND	
	Date of death	1907	Month Apr	Day 7	Age 22	Months 6	Days 20
	Sex	Female		Color or Race	White		
	Occupation	Housewife		Where Residing if not at place of death		Brooklyn, Wis.	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Joseph W. Fuller		Father's Birthplace		Pa.	
PHYSICIAN OR CORONER	Mother's Maiden Name	Martha L. Sherman		Mother's Birthplace		Pa.	
	Name of person giving In formation	Lloyd. F. Finner		How related to deceased		Sister	
	CAUSES OF DEATH				(27)		
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long 2 years	
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		D. R. C. Harley	
	Address			Laurel, Md.			
	Accident or Suicide?	Neither					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

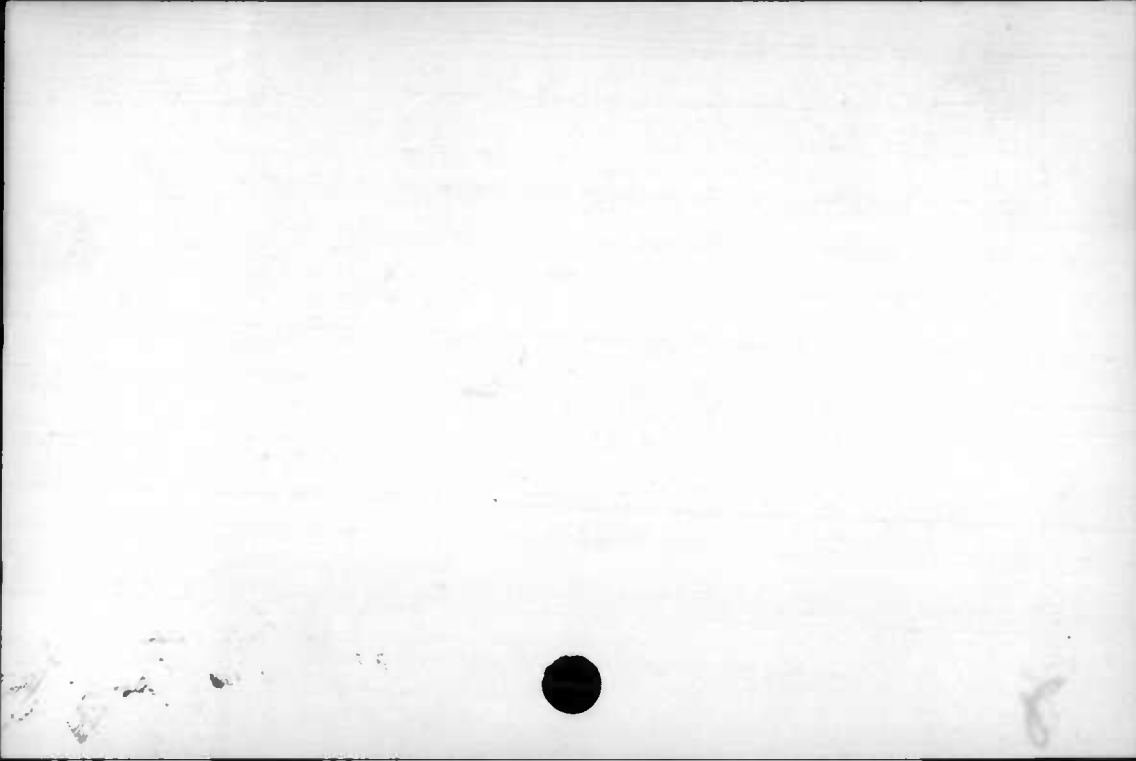
Died at <i>near Marlboro</i>		Town <i>Phenix</i>		County <i>md</i>		MARYLAND	
Date of death	1907	Month	4	Day	12	Age	Years
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Phenix md</i>		Months	
Occupation <i>None</i>		Where Residing if not at place of death		Days		21	
Married, Single or Widowed <i>None</i>		Name of Wife or Husband		Father's Birthplace <i>Phenix md</i>		Mother's Birthplace <i>" " "</i>	
Father's Name <i>Benny Salloway</i>		Mother's Maiden Name <i>Charly Culbert</i>		Name of person giving information <i>Benny Salloway</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Congenital Deformities</i>	How long <i>21 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Reverend Sasser</i>
Address <i>Upper Marlboro md</i>	
Accident or Suicide?	



Name
in
Full

Annie Gant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Northkeap</u> ^{Town}		<u>Or Geo</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>April</u> ^{Day} <u>20</u> ^{Year} <u>30</u>		Age <u>30</u>		Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Va</u>			
Occupation <u>House woman</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>-</u>				
Name of person giving information <u>John R. Johnson</u>		How related to deceased <u>None</u>			

CAUSES OF DEATH

Primary Bright's Disease

Immediate

120

How long

How long

PHYSICIAN
OR CORONER

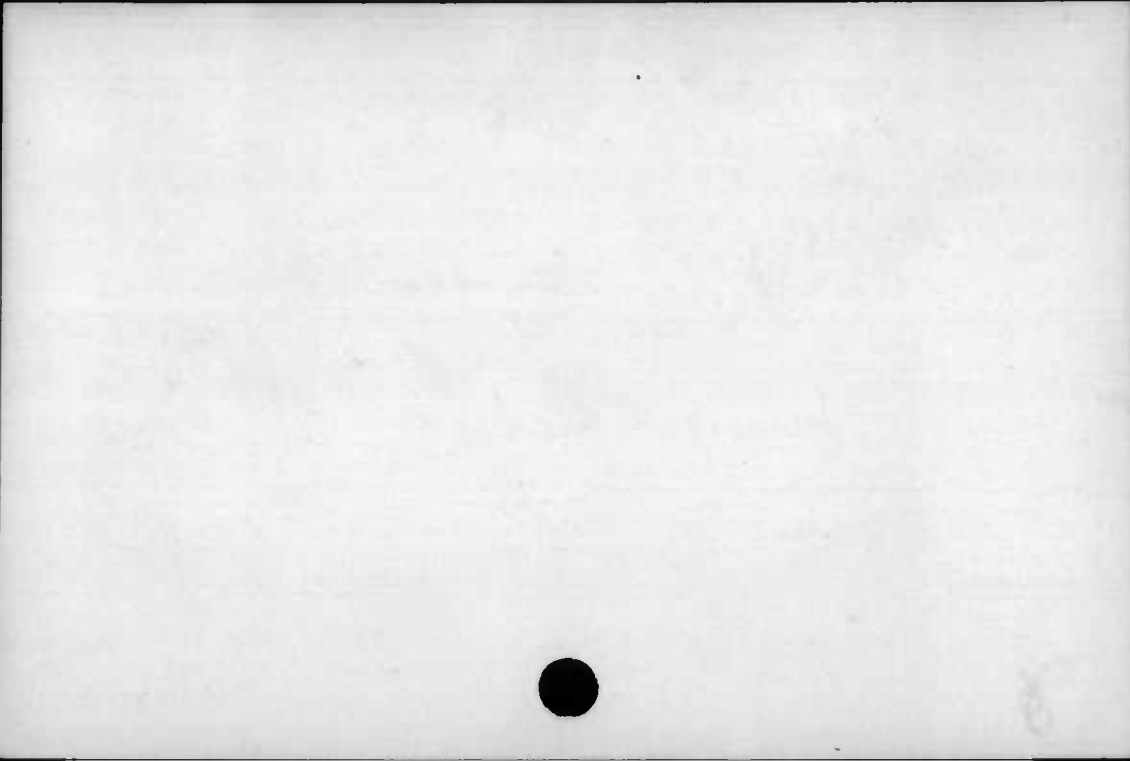
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. H. Gibbons
Crown md

Accident or Suicide?



Name
in
Full

Laura Garner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Marbleboro* Town*P. Geo.* County

MARYLAND

Date of death *1907 apr* Month*6* DayAge *45* Years

Months

Days

Sex *Female*Color or Race *White*Birth-place *Chas Co. Md*Occupation *Housewife*

Where Residing if not at place of death

Married, Single or Widowed *Married*Name of Wife or Husband *James H. Garner*Father's Name *Thomas Farrell*Father's Birthplace *Chas Co. Md*Mother's Maiden Name *Vaughy*Mother's Birthplace *Chas Co. Md*Name of person giving information *James A. Garner*How related to deceased *Son*

CAUSES OF DEATH

Primary *Dysentery**(14)*How long *1 wk*

Immediate

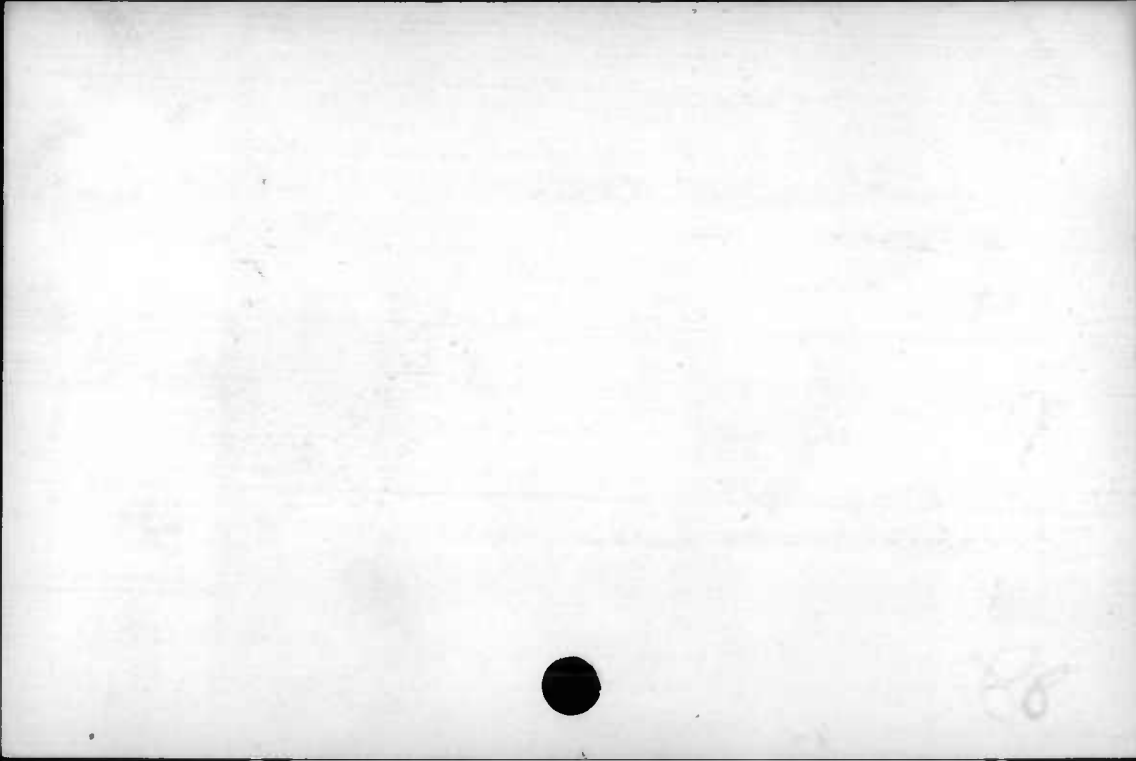
Are the name, age, sex, color, date and place correctly given above? *Thru to*

Signature of Physician

Address

L. A. Griffith
upper Marbleboro. Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

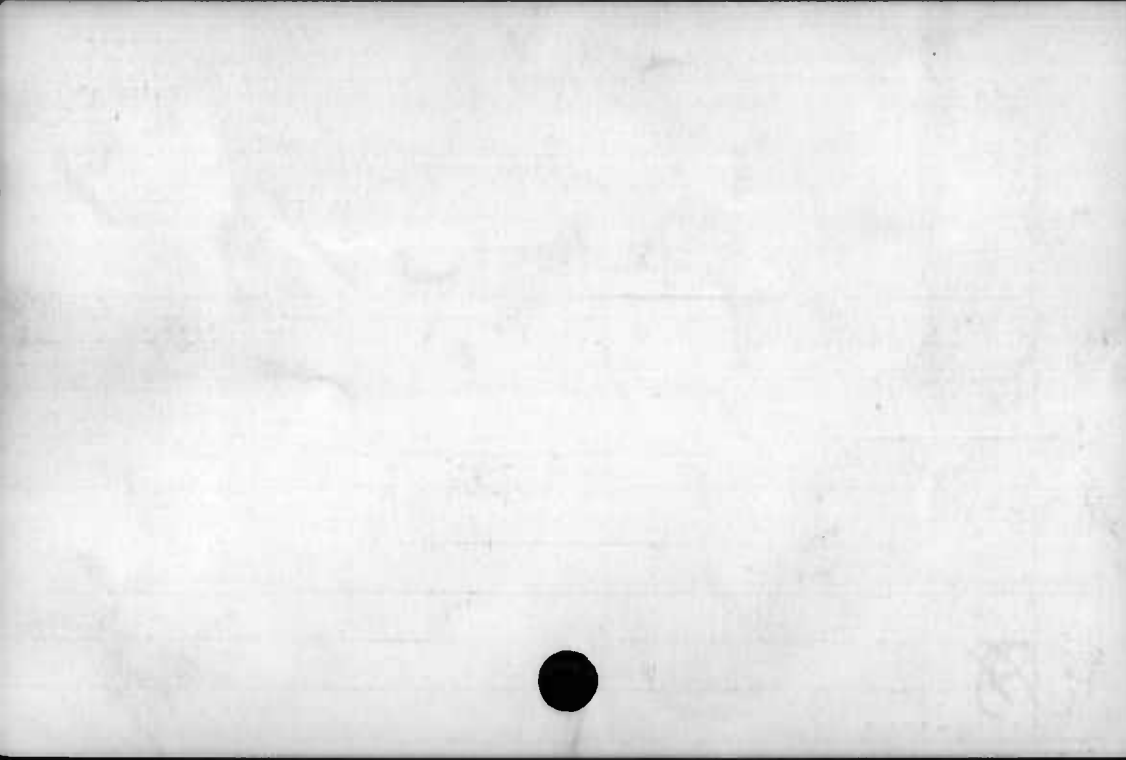
Died at <i>Riverdale</i> Town <i>Br.</i> County <i>Calv.</i>			
Date of death <i>1907</i> Month <i>April</i> Day <i>15</i> Age <i>8</i> Years Months Days			
Sex <i>Male</i> Color or Race <i>Black</i> Birthplace <i>South Carolina</i>			
Occupation <i>None</i> Where Residing if not at place of death <i>at home</i>			
Married, Single or Widowed <i>single</i> Name of Wife or Husband			
Father's Name <i>Harvey Gilman</i> Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Rosa Gilman</i> Mother's Birthplace <i>South Carolina</i>			
Name of person giving information <i>Ben Gilman</i> How related to deceased <i>Grand father</i>			

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>Cerebrospinal meningitis</i> How long <i>9 days</i>		
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. E. Willis</i>	Address <i>Hyattsville Md</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Piscataway</i> Town		<i>Pr. Geo.</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>9</i>	Age <i>47</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Pr. Geo. Co. Ind.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Emma Blair</i>			
Father's Name <i>Jerry Gladden</i>		Father's Birthplace <i>Pr. Geo. Co. Md.</i>			
Mother's Maiden Name <i>Claris Butler</i>		Mother's Birthplace <i>Charles Co. Md.</i>			
Name of person giving information <i>Eduard Gladden</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	<i>(27)</i>	How long	<i>3 yrs.</i>
Immediate	<i>"</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>E. D. Hurt, M.D.</i>		
<i>D</i>		Address <i>Piscataway, Md.</i>		
Accident or Suicide?				



8

Name
in
Full

CERTIFICATE OF DEATH

Charles Hall.

Town

County

MARYLAND

Died at

County, Albus House

P.G.

Date

Month

Day

Years

Months

Days

of death

190

7

4

20

Age

100.

Sex

Male

Color or
Race

Colored

Birth-
place

A.A. Leonard

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Hall

Father's
Birthplace

A.A. Leonard

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Lemuel Allen Sept

How related
to deceased

None

CAUSES OF DEATH

Primary

Old age

How long

154

Structure

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

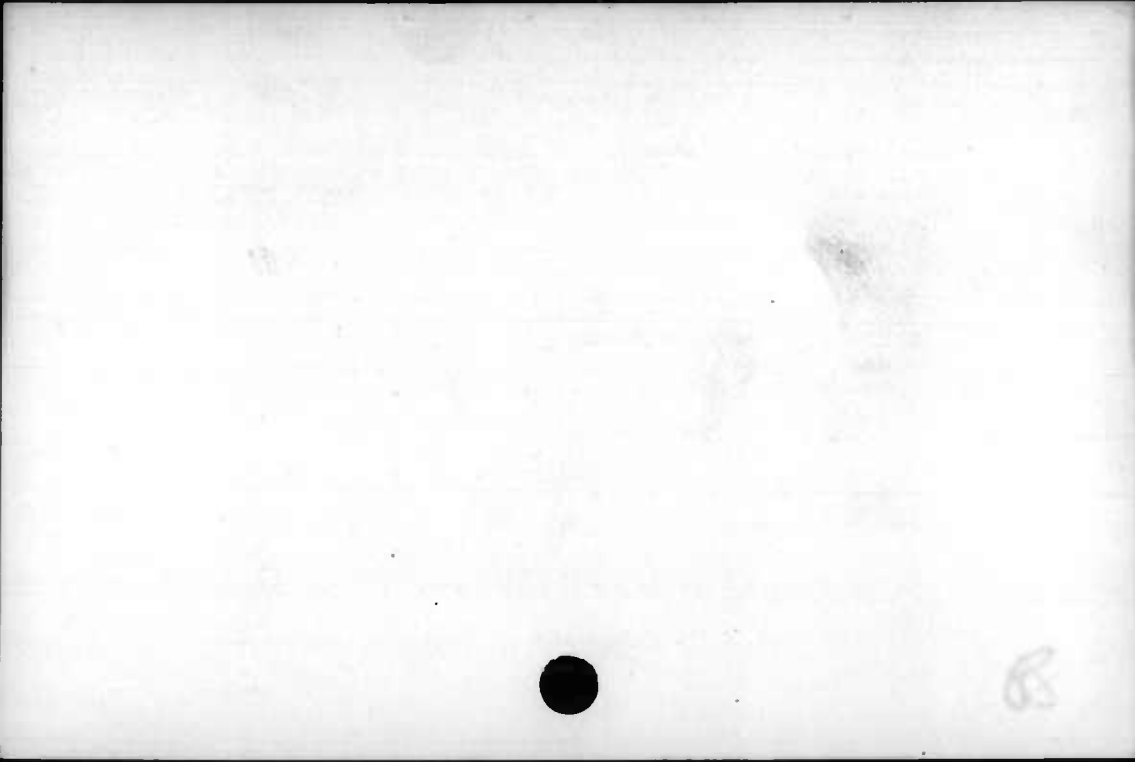
Address

J. B. Sanborn M.D.
Ferryville
Pikes Md.

Accident or Suicide?

Neither

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary Elizabeth Harrison*

Died at *Hyzathville* Town *Pr Geo,* County

Date of death *1907* Month *April* Day *7* Age *3* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Hyzathville Md*

Occupation *Infant* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Peter Harrison* Father's Birthplace *Md*

Mother's Maiden Name *Mary Harrison* Mother's Birthplace *Va*

Name of person giving information *Father Peter Harrison* How related *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

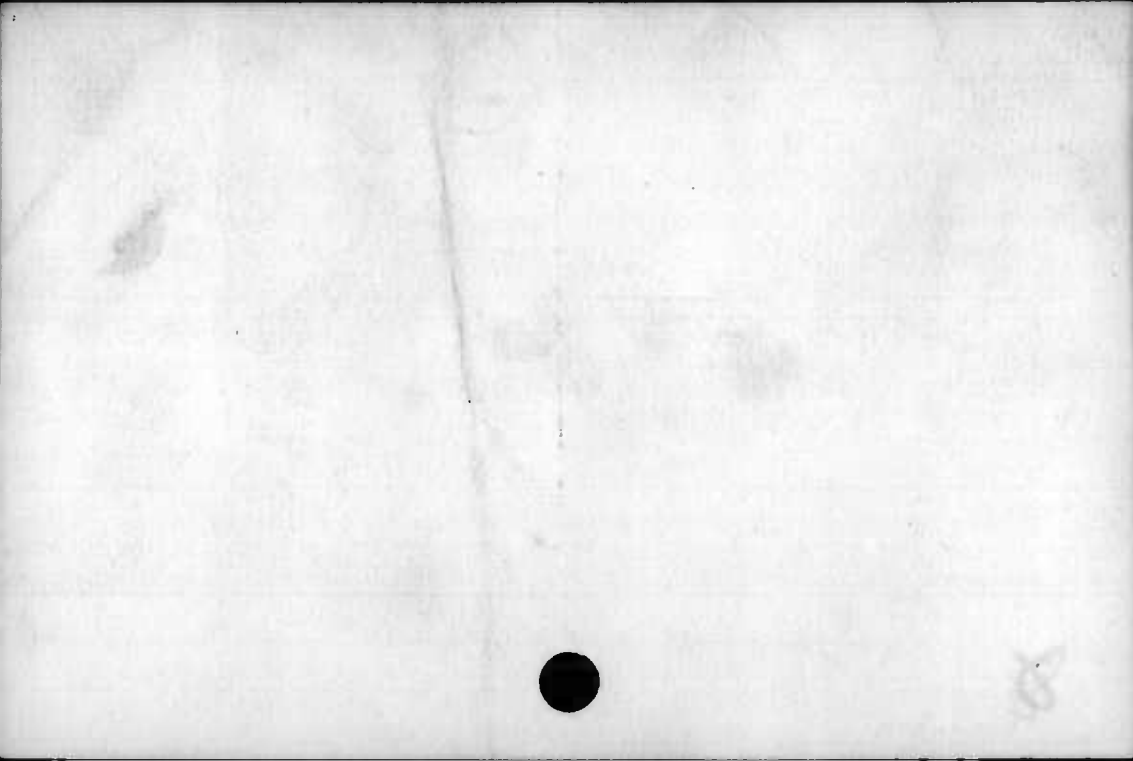
Primary *Premature birth* How long *Three birth*

Immediate *Transition* How long *Three days*

Are the name, age, sex, color, date and place correctly given above? *Yes,*

Signature of Physician *C. W. Bird* Address *Hyzathville Md*

Accident or Suicide?



Name
in
Full

Rachel Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Upper Marlboro' P. G. Ty. MARYLAND

Date of death 190 7 Month 4 Day 20 Age 96 Years Months Days

Sex Female Color or Race Black Birth-place P. G. Co Md

Occupation Unknown Where Residing if not at place of death

~~Married~~ Single Widow Name of ~~Wife or~~ Husband Mattie Harrison

Father's Name Don't Know Father's Birthplace Don't Know

Mother's Maiden Name " " Mother's Birthplace " "

Name of person giving information Andrew ^{his} Simmons How related to deceased Son-in-law

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary Don't Know How long

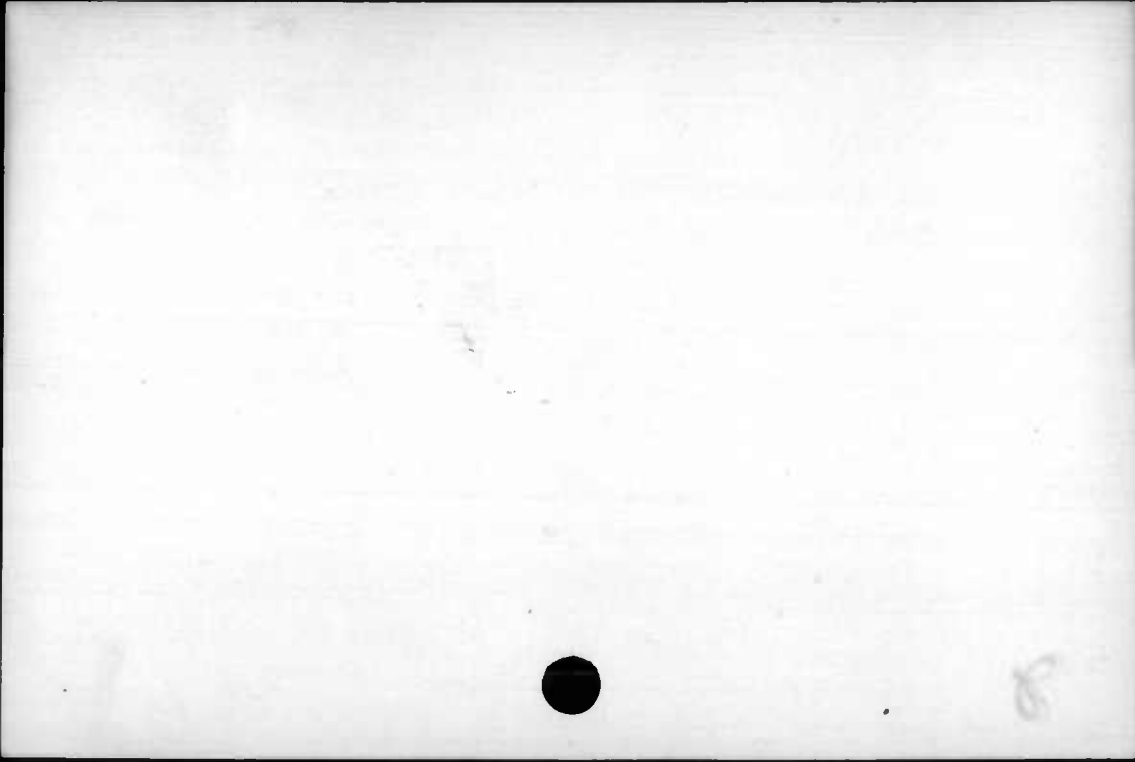
Immediate " " How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician R. E. Smith Sub Registrar

Address Upper Marlboro' Md.

Accident or Suicide?



Name
in
Full

Horace Haste

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

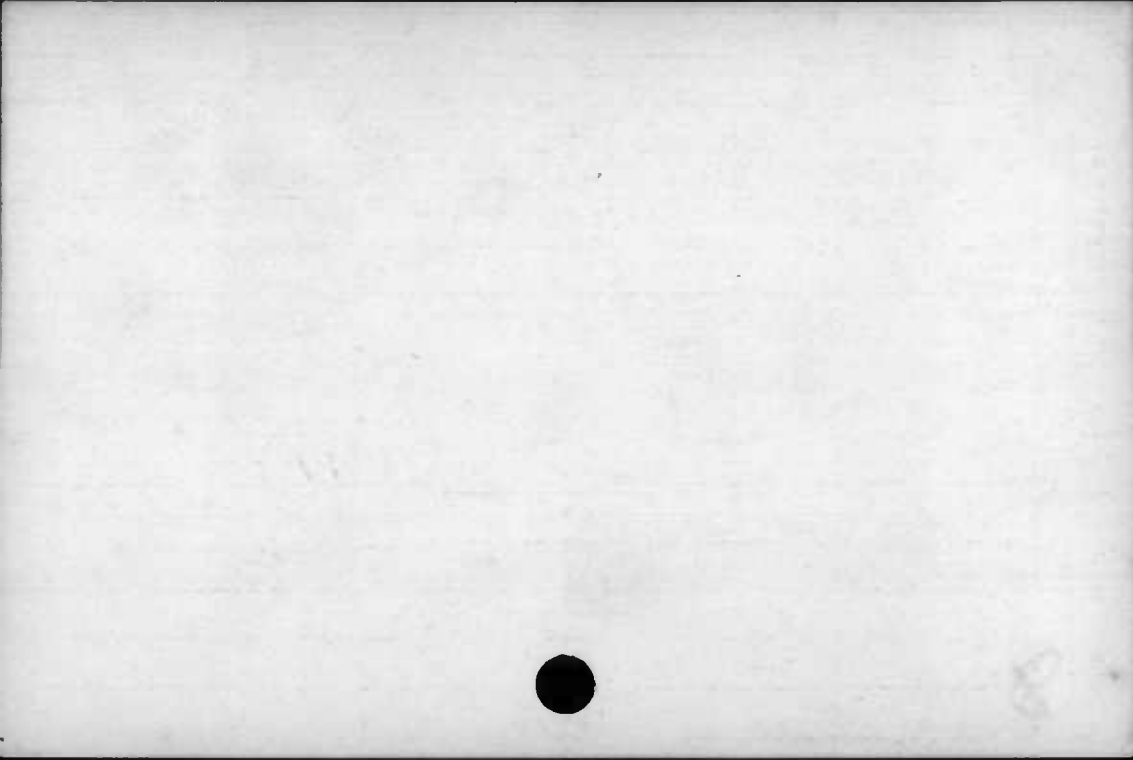
Died at <u>Bowie</u> Town		<u>Prince George</u> County		MARYLAND	
Date of death	1907	Month	April	Day	7
Sex <u>male</u>		Color or Race <u>Colored</u>		Age	Years <u>43</u>
Occupation <u>Laborer</u>		Where Residing if not at place of death		Months	Days
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Don't know</u>		Birth place <u>Don't know</u>	
Father's Name <u>Don't know</u>		Mother's Birthplace <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>	
Name of person giving information <u>—</u>		How related to deceased <u>—</u>			

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary	<u>Trachoma Throat Caused</u>	How long
Immediate	<u>by blow</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Joseph W. Chubbs</u>
		Address <u>Bowie, Md</u>
Accident or Suicide? <u>Murder</u>		



Name
in
Full

CERTIFICATE OF DEATH

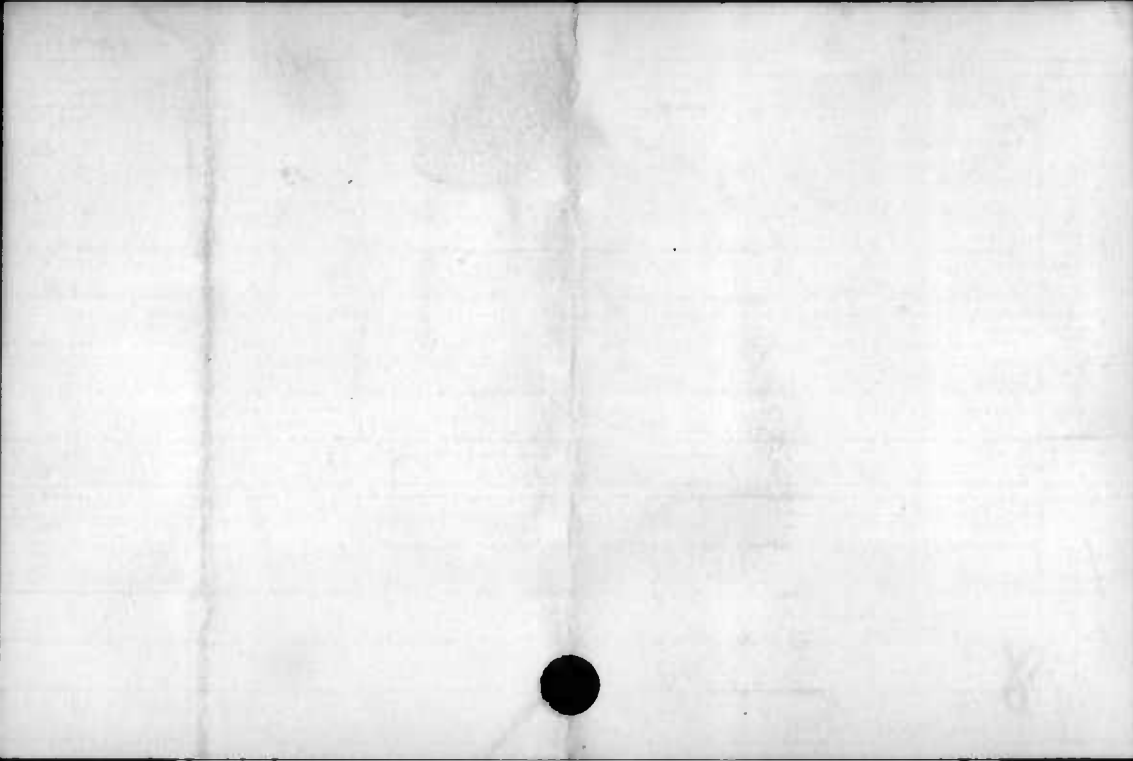
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Berwyn</i> Town		<i>Hazard</i> County		MARYLAND	
Date of death <i>1904</i>	Month <i>Sept</i>	Day <i>7</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Berwyn Md</i>		
Occupation <i>— None —</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>J. Robert Hazard</i>			Father's Birthplace <i>Wash DC</i>		
Mother's Maiden Name <i>Jeanette W Smith</i>			Mother's Birthplace <i>Wash DC</i>		
Name of person giving information <i>J R Hazard</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stice - born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. H. Hume</i>
		Address <i>Berwyn Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

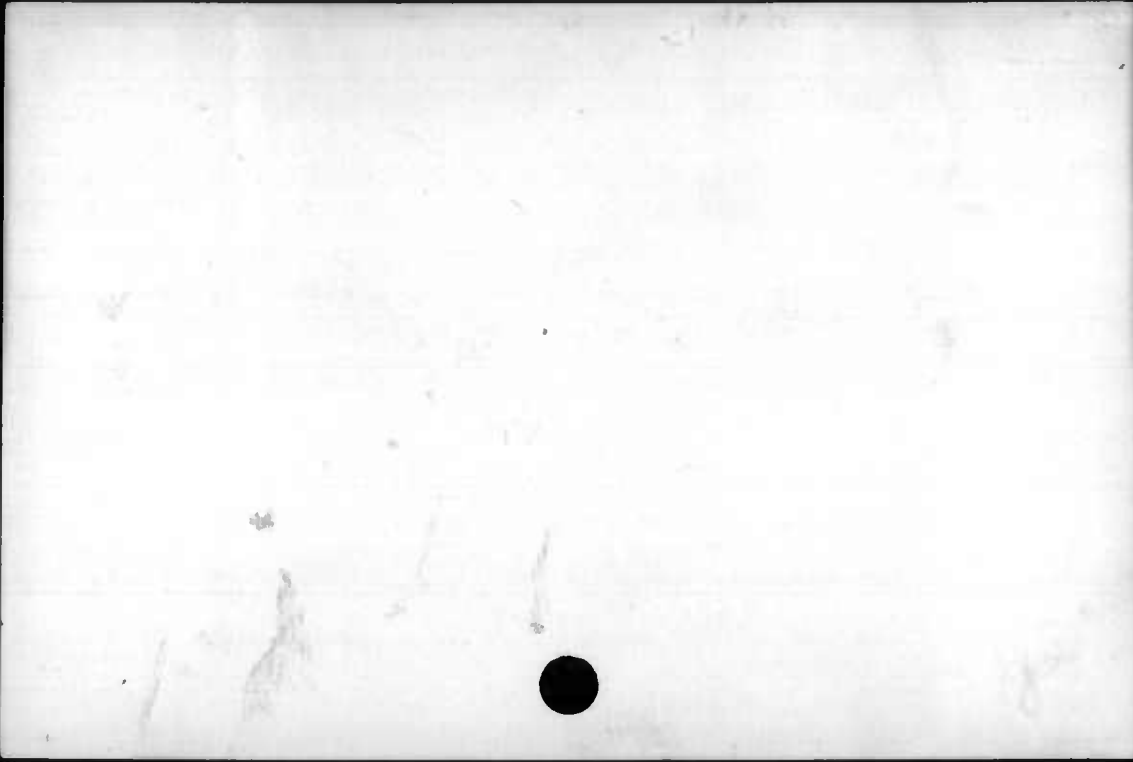
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ritchie</i> ^{Town}		<i>Pr. Laid</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>23rd</i>	Age <i>65</i>	Months <i>-</i> Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Va.</i>		
Occupation <i>Farmer.</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Hutchinson</i>				
Father's Name <i>Wm Hutchinson</i>	Father's Birthplace <i>Va.</i>		Mother's Birthplace <i>Va.</i>		
Mother's Maiden Name <i>Unknown</i>	How related to deceased <i>Son.</i>				
Name of person giving information <i>Edward M. Hutchinson</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Trouble.</i>	How long <i>3 wks.</i>
Immediate <i>neuralgia Heart.</i>	How long <i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>John C. Sansbury M.D.</i>
	Address <i>Forestville Md.</i>
Accident or Suicide? <i>neither</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forestville</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>28</i>	Age <i>35</i>	Months <i>7</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Giles Md.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single Widowed <i>Widowed</i>	Name of Wife Husband <i>Charles Hutchinson</i>				
Father's Name <i>Lukey Windsor</i>	Father's Birthplace <i>Giles Md.</i>				
Mother's Maiden Name <i>Eliza Edelin</i>	Mother's Birthplace <i>Giles Md.</i>				
Name of person giving information <i>Edward Hutchinson</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

40

PHYSICIAN OR CORONER	Primary <i>Cancer of the liver</i>	How long <i>2 yrs.</i>	
	Immediate <i>Asthma</i>	How long <i>1 week</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Sansbury</i>	
	Accident or Suicide? <i>neither</i>	Address <i>Forestville Giles Md.</i>	

Scott

Forestville

Name in Full		John Thomas Grown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Laurel		County Prince George		MARYLAND	
	Date of death	1907	Month Apr.	Day 14 th	Years say 5 hours.	Months	Days
	Sex	male		Color or Race	white		
	Occupation			Where Residing if not at place of death at place of death.			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Frank Grown				Father's Birthplace	New York
	Mother's Maiden Name	Reverie Faggall				Mother's Birthplace	Barre
Name of person giving information	J. H. Ryerley				How related to deceased	not at all	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	unknown				How long	5 hours.
	Immediate	Hemorrhage from nose.				How long	2 hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician J. H. Ryerley		
					Address Laurel Md.		
Accident or Suicide?							

Fisher & Thair's
int. Lawrie

Name
in
Full

Milly Loure Lancaster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Piscataway*

Town

P.G.

County

MARYLAND

Date of death *1907*Month *4*Day *4*

Age

Years *16*

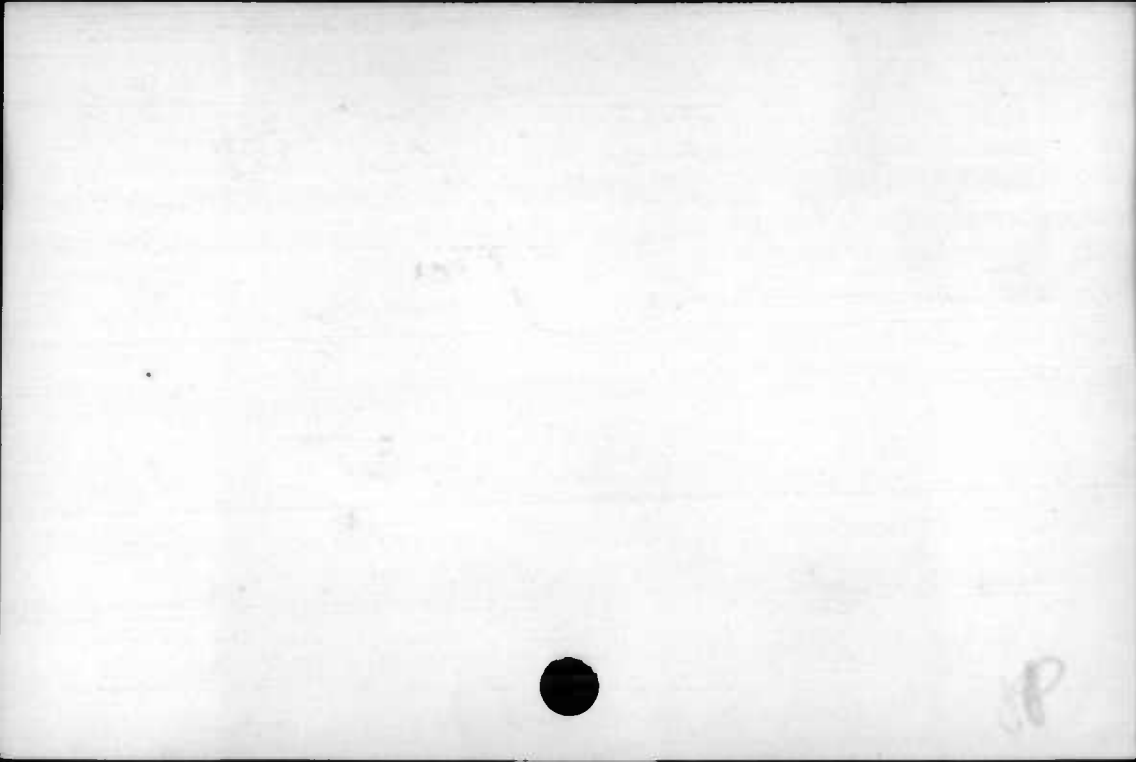
Months

Days

Sex *female*Color or
Race *Colored*Birth-
place *md*Occupation *None*Where Residing if not
at place of death☒ Married, Single
or WidowedName of Wife or
HusbandFather's
Name *Dominic Lancaster*Father's
Birthplace *md*Mother's
Maiden Name *Mary V. Jones*Mother's
Birthplace *md*Name of person giving
In formation *Dominic Lancaster*How related
to deceased *father*

CAUSES OF DEATH

Primary *Bronchitis**71*How long *week*Immediate *Convulsions*How long *few hours*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *John A. Cor*Address *213.*Accident or Suicide? *md*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Kelley Josephine Mc Govern* Town *Landover Md.* County *P. George* MARYLAND

Died at *Landover Md.* Date of death *1907 April 7* Age *6* Months *9* Days *9*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Infant* Where Residing if not at place of death *Landover*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Edward Mc Govern* Father's Birthplace *N. Y.*

Mother's Maiden Name *Walley* Mother's Birthplace *Md*

Name of person giving information *Edward Mc Govern* How related to deceased *Father*

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

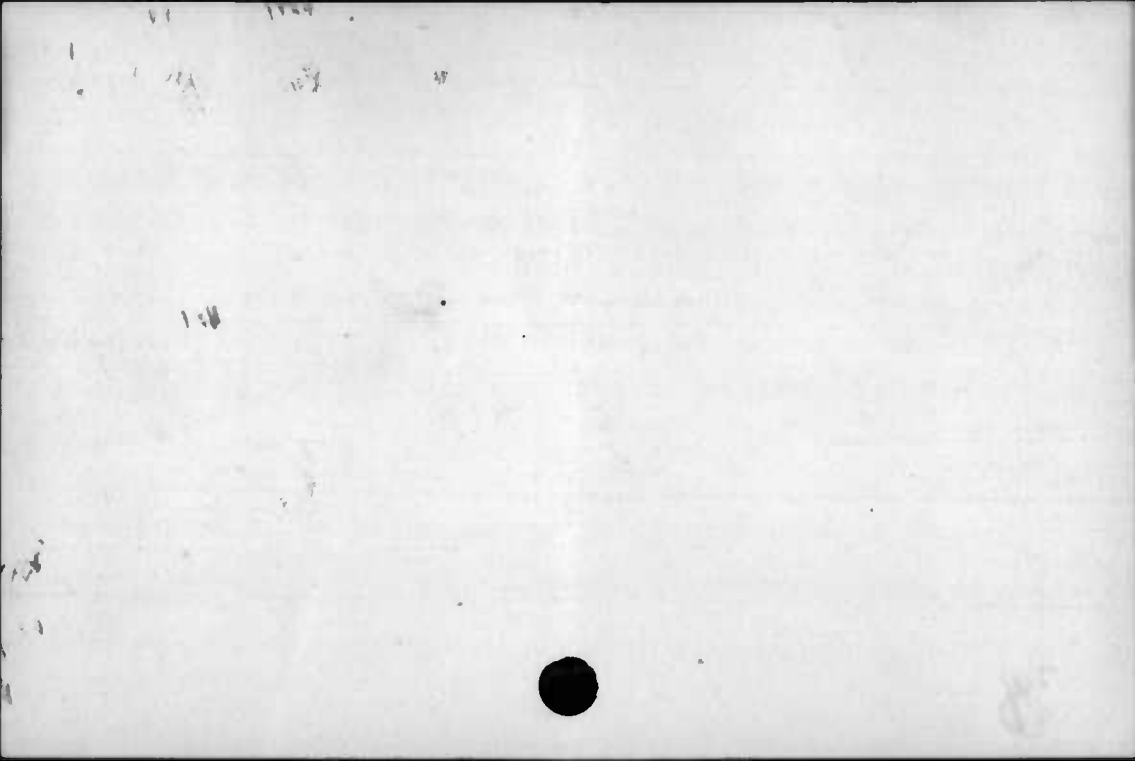
Primary *Coronary* How long *14 hours*

Immediate *Exhaustion* How long *2 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *L. S. Bragg* Address *Birmingham, S. C.*

Accident or Suicide? *8*



Name
in
Full

Thomas Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near mail box</i>		Town <i>Philo</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>16</i>	Age <i>67</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Ind</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Mason</i>					
Father's Name <i>Abram Mason</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace				
Name of person giving information <i>George Conle</i>			How related to deceased <i>Stepson</i>				

CAUSES OF DEATH

120

How long

2 years

How long

2-4 hrs

Primary

Chronic Nephritis & complications

Immediate

Coronary

Are the name, age, sex, color, date and place correctly given above?

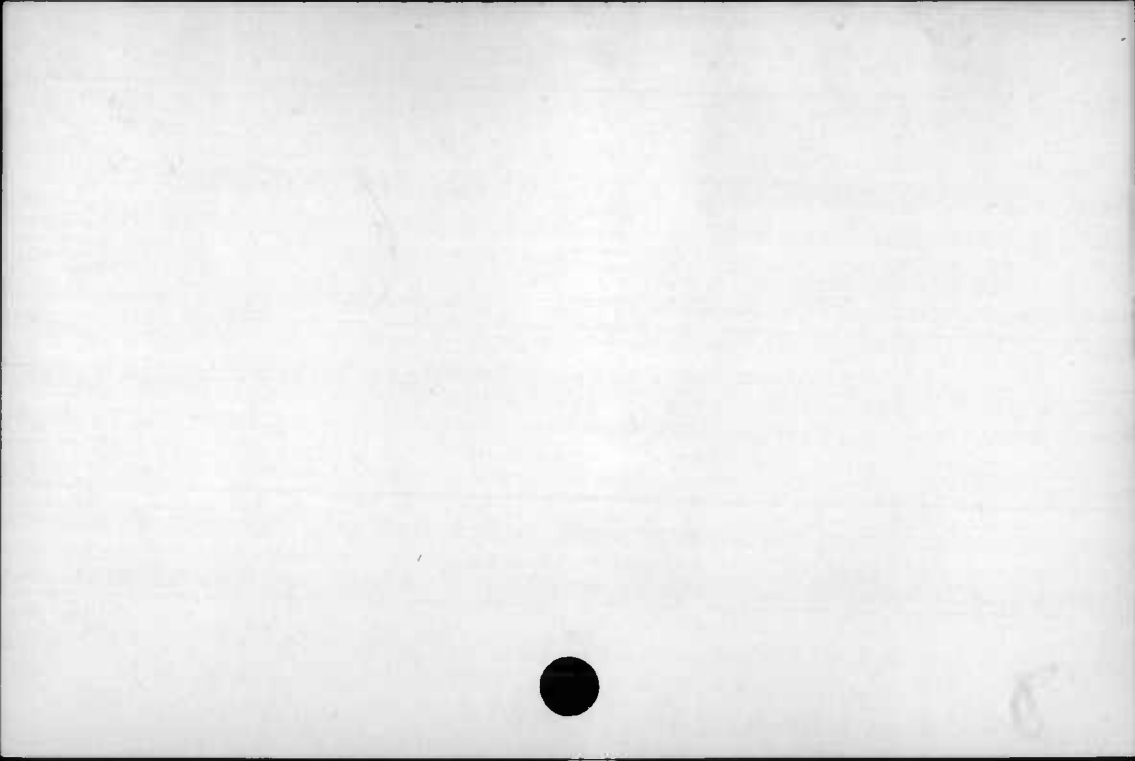
Yes

Signature of Physician

Address

Reverdy Sasser
Upper Mail box
Ind

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

George T. Peacock

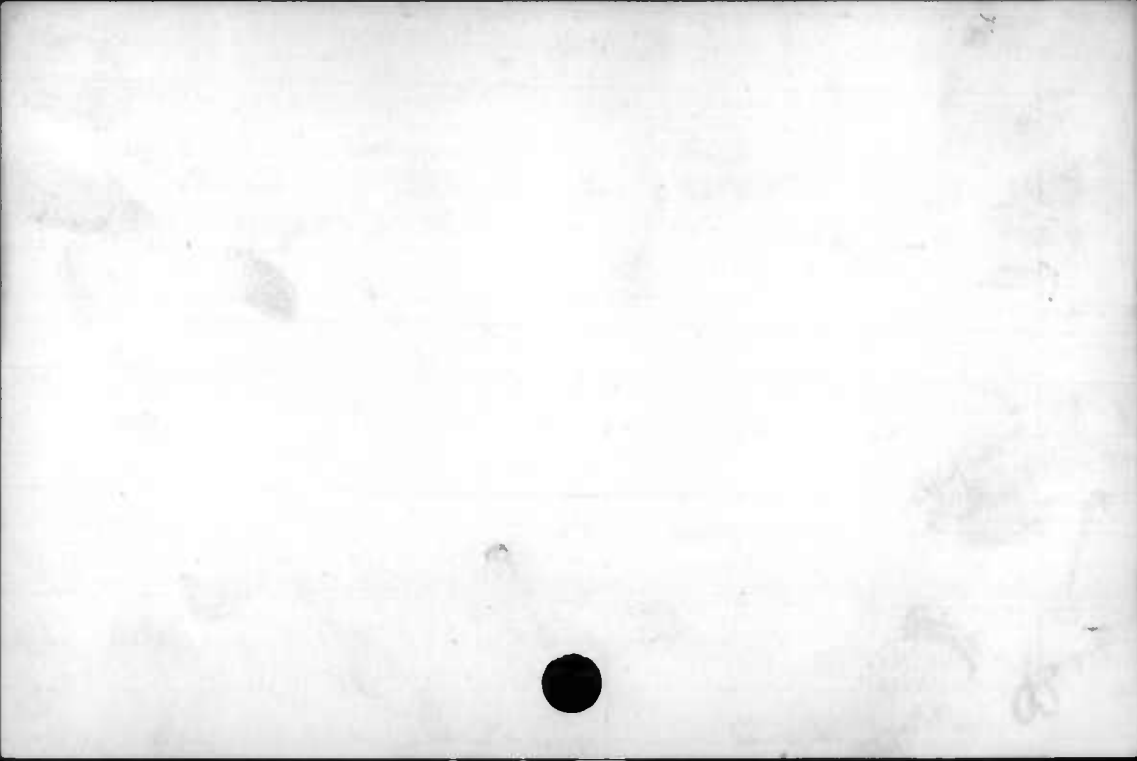
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Longville</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND	
Date of death 190	7	Month	4	Day	23
Age		61		Years	
Sex		Male		Color or Race	White
Occupation		None		Birth-place	Blacks Md
Where Residing if not at place of death					
Married, or Widowed	Married		Name of Wife	Mary Peacock	
Father's Name	Bill Curtis			Father's Birthplace	Blacks Md
Mother's Maiden Name	Elizabeth Peacock			Mother's Birthplace	Blacks Md
Name of person giving information	Arthur Tucker			How related to deceased	Son in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hemiplegia (64)		How long	6 yrs.
Immediate	Asthma		How long	6 days
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		John E. Sausbury D.C.		
Address		Longville Md		
Accident or Suicide?		Neither		



Name
in
Full

CERTIFICATE OF DEATH

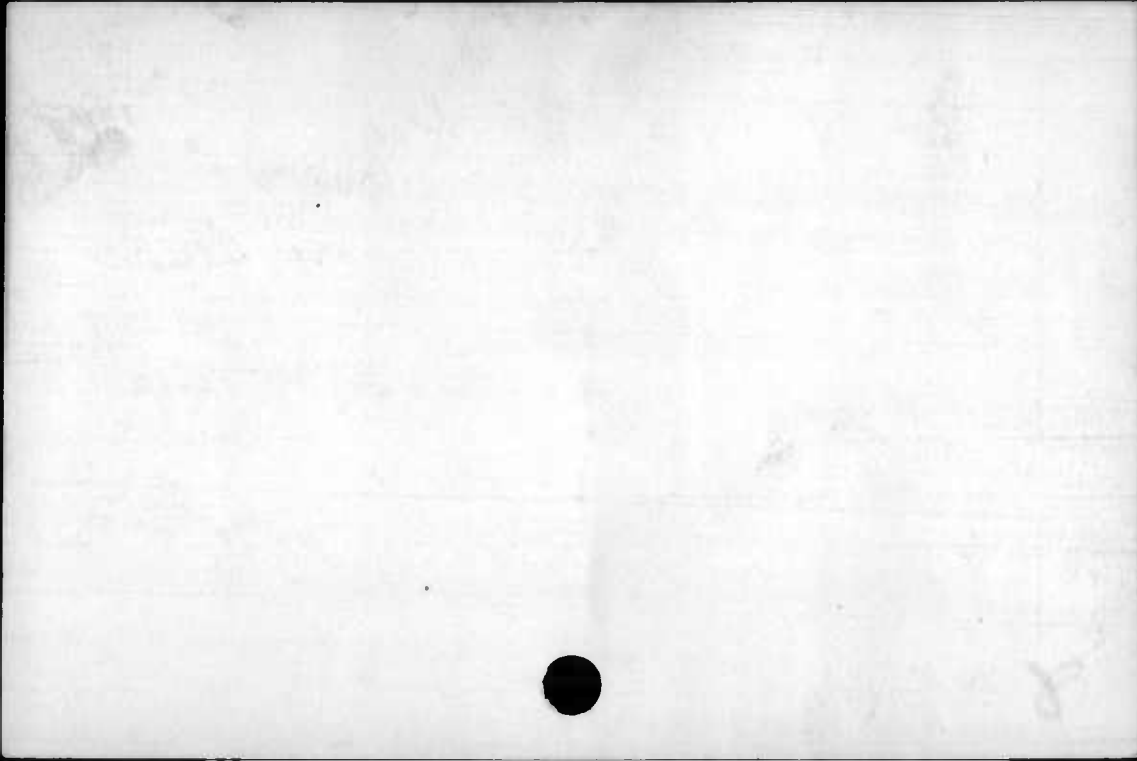
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Chauncy Proctor</i>		Town <i>Brandsville</i>		County <i>P. Co.</i>		MARYLAND	
Died at <i>Brandsville</i>		Date of death <i>1907</i>		Month <i>Apr.</i>		Day <i>13</i>	
Age <i>—</i>		Years <i>—</i>		Months <i>7</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Md.</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Henry Proctor</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Isabelle Linkins</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Henry Proctor</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>		How long <i>3 weeks</i>	
Immediate <i>—</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. H. [unclear]</i>	
		Address <i>Brandywine, Md.</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Roland Queen

Died at *Forestville* ^{Town} *Pr. Esd.* ^{County}

Date of death 190 *7* ^{Month} *April* ^{Day} *23rd* ^{Years} *-* ^{Months} *7* ^{Days} *-*

Sex *Male* Color or Race *Colored* Birth-place *Id.*

Occupation *None* Where Residing if not at place of death *Id.*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *Lewis Queen* Father's Birthplace *A. Co. Es.*

Mother's Maiden Name *Hettie Queen* Mother's Birthplace *Pr. Es. Co.*

Name of person giving information *Lewis Queen* How related to deceased *Father*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Pneumonia.* How long *2 wks*

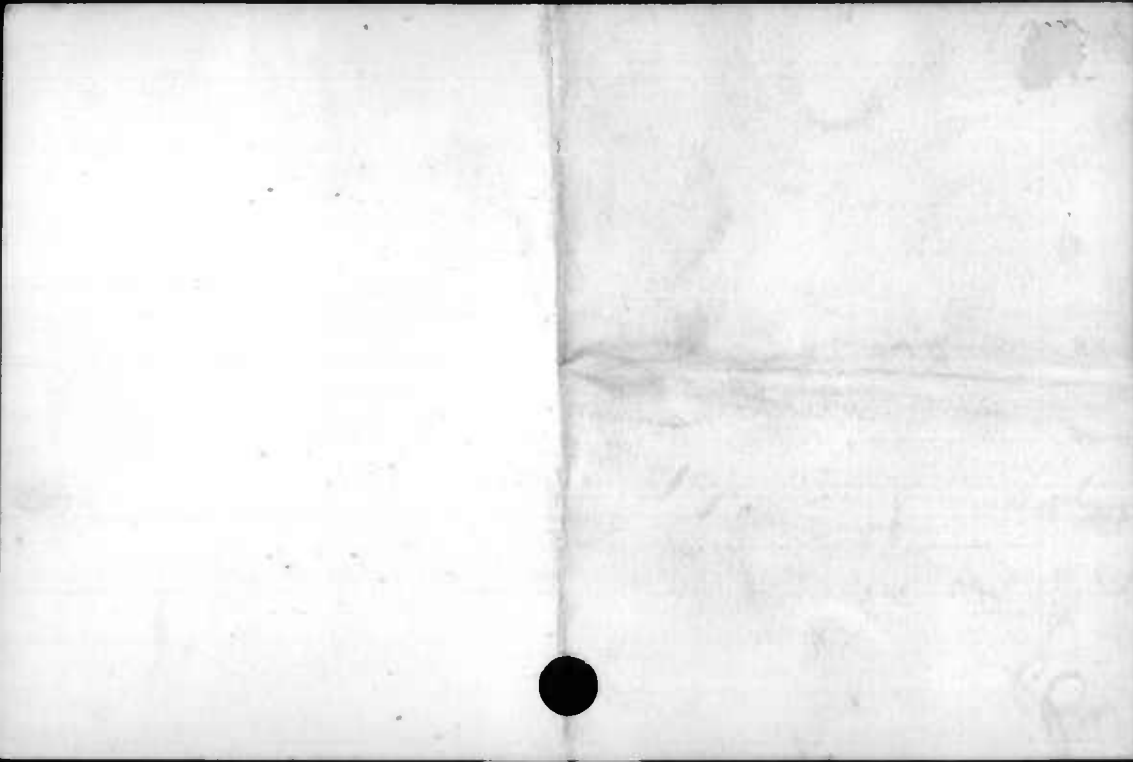
Immediate *Exhaustion* How long *8 hrs*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *John E. Sanbury M.D.*

Address *Forestville Md.*

Accident or Suicide? *-*



Name
in
Full

CERTIFICATE OF DEATH

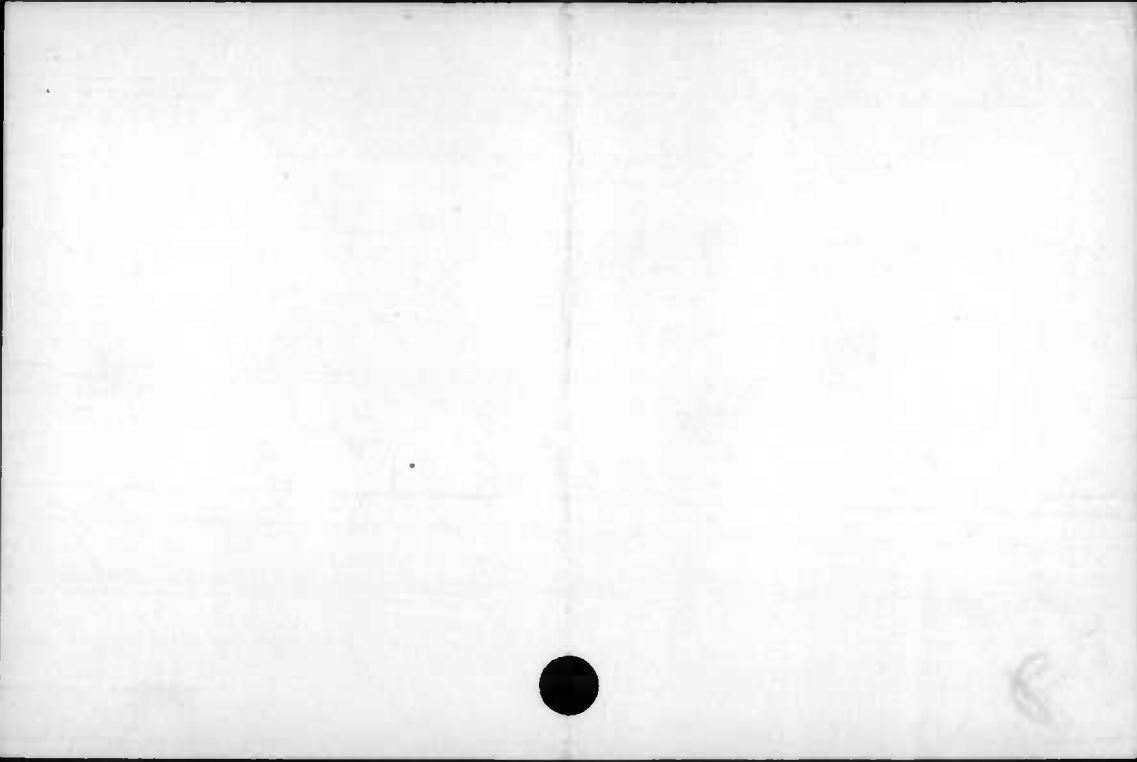
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>College Park</i> Town		<i>Rhodes</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Apr</i>	Day	<i>2</i>
Age		Years	Months		Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>College Park</i>
Occupation		Where Residing if not at place of death			
<i>None</i>					
Married; Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Chas N. Rhodes</i>		Father's Birthplace	<i>Va.</i>
Mother's Maiden Name		<i>Jannie L. Ruffner</i>		Mother's Birthplace	<i>Va</i>
Name of person giving information		<i>Chas N. Rhodes</i>		How related to deceased	<i>Father</i>

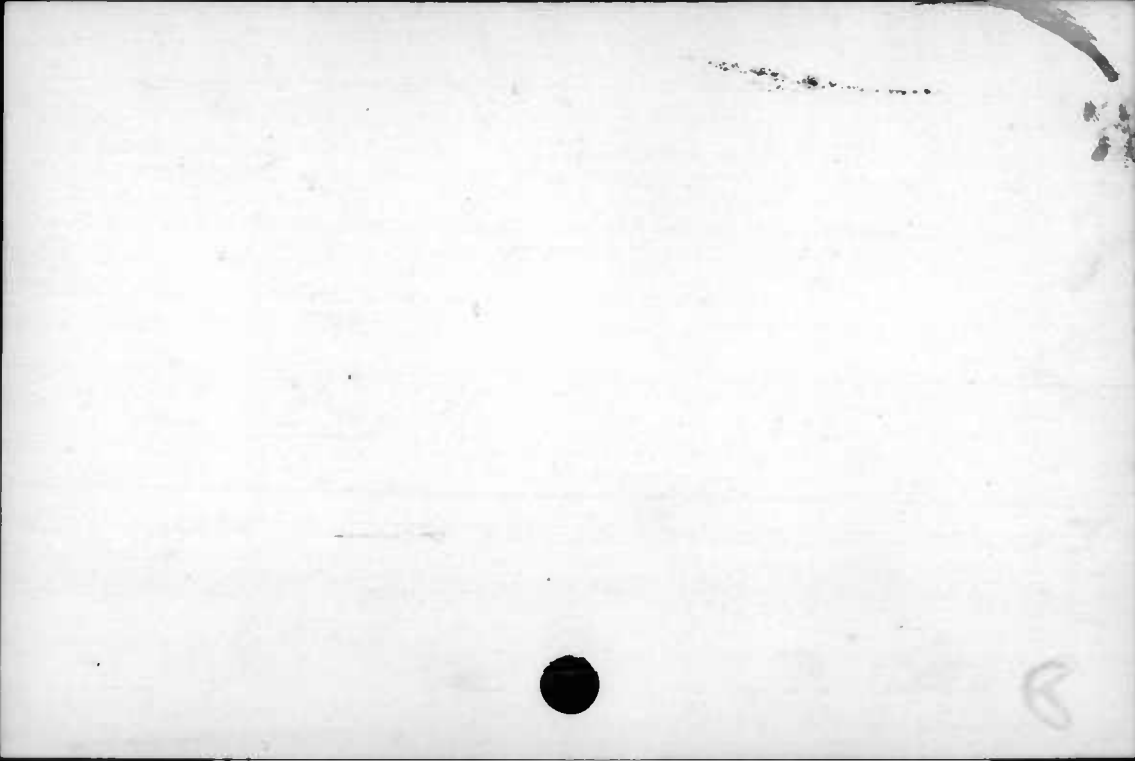
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stice born</i>	How long	<i>8</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A. H. Evans</i>
<i>Yes</i>		Address	<i>Benning Md</i>
Accident or Suicide?			



Name in Full		John Robertson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Oxon Hill Town		Prince Geo. County		MARYLAND
	Date of death		1907	April	2	Age	2 months
	Sex		male		Color or Race		black
	Occupation		Infant		Birth-place		Oxon Hill
			Where Residing if not at place of death				Oxon Hill
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		John Robertson		Father's Birthplace		Maryland
Mother's Maiden Name		Alice Newman		Mother's Birthplace		Maryland	
Name of person giving information		Albert Newman		How related to deceased		Uncle	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Enteric Colitis		How long		4 weeks
	Immediate		asthenia		How long		one week
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Jos. M. Parker MD
					Address		Congress Heights D.C.
Accident or Suicide?							



Name
in
Full

Charles Lemus

CERTIFICATE OF DEATH

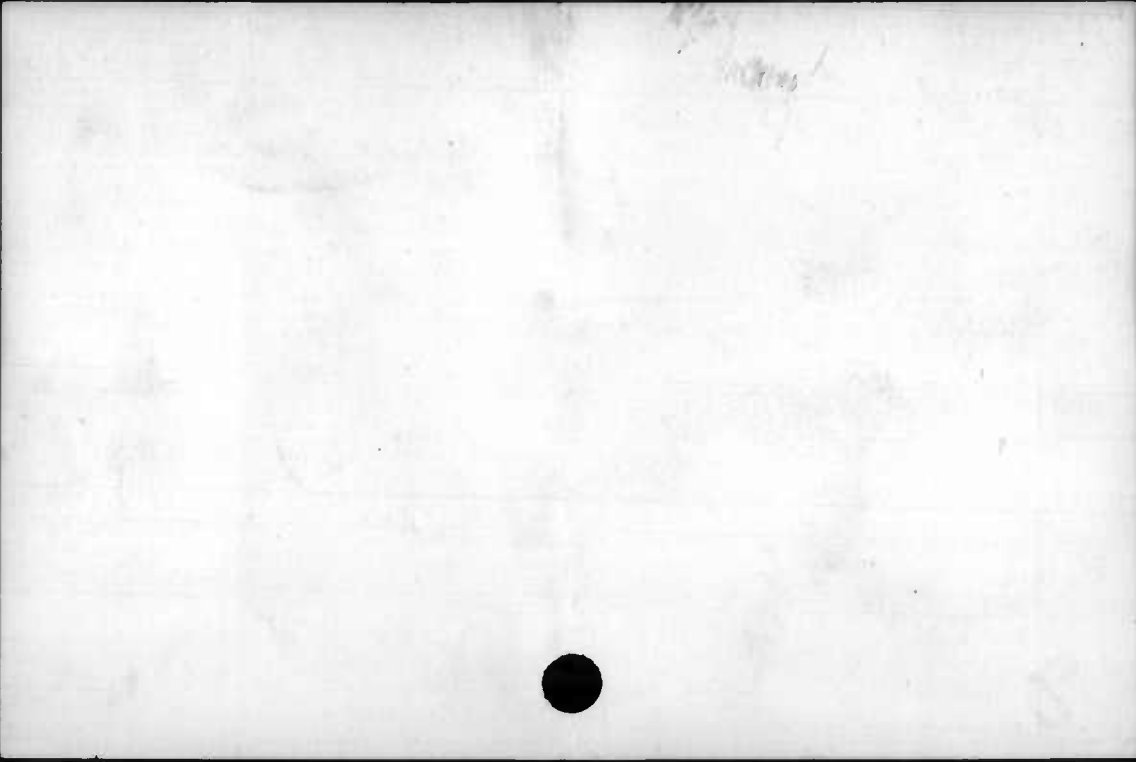
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Buena</u> Town		<u>Prince George</u> County		MARYLAND	
Date of death	1907	Month	April	Day	18
Age		28		Years	
Sex		Male		Color	Black
Occupation		Labourer		Birth-place	Ma
Where Residing if not at place of death		at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband	
Father's Name		Florence Lemus		Father's Birthplace	
Mother's Maiden Name		Annie Hebron		Mother's Birthplace	
Name of person giving information		Helen C. Anderson		How related to deceased	

CAUSES OF DEATH

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>27</u> About a year
Immediate	<u>Haemorrhage</u>	How long	<u>3</u> minutes
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<u>C. A. Fox</u>	
Address		<u>Buena Ma</u>	
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Northkeys</i> ^{Town}		<i>Skinner</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>30</i>	Age <i>—</i>	Years <i>—</i> Months <i>—</i> Days <i>—</i>
Sex <i>female</i>	Color or Race <i>colored</i>		Birth-place <i>Northkeys, Md</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Northington Skinner</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Virgie Douglass</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Northington Skinner</i>	How related to deceased <i>father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>still born</i>	How long <i>(8)</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ernest W. Garner</i>
	Address <i>Northkeys Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death

Sex

Occupation

Married, Single
or WidowedFather's
NameMother's
Maiden NameName of person giving
Information

Infant Smith

Town

Month

Day

Age

Years

Months

Days

Bright Seat Prince George

MARYLAND

7 April

20

Female

Color or
Race

Colored

Birth-
place

Giles Md.

None

Where Residing if not
at place of death

Single

Name of Wife or
Husband

David Smith

Father's
Birthplace

Giles Md.

Nellie Williams

Mother's
Birthplace

Giles Md.

George M. Dove

How related
to deceased

None

CAUSES OF DEATH

Primary

Premature Birth

How long

1 day

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

John E. Samsbury
Frostville Md.

Accident or Suicide?

neither

PHYSICIAN
OR CORONER



Name
in
Full

Christanna Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Banier Town P. M. County

Date of death 1907 Month April Day 18 Age 47 Years Months — Days —

Sex Female Color or Race Black Birth-place Md.

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Chas Smith

Father's Name Nicholas Paul Father's Birthplace Md

Mother's Maiden Name Margaret H. Paul Mother's Birthplace Md

Name of person giving information Chas Smith How related to deceased Husband

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Uræmia How long 42 hours

Immediate Dyspnea How long —

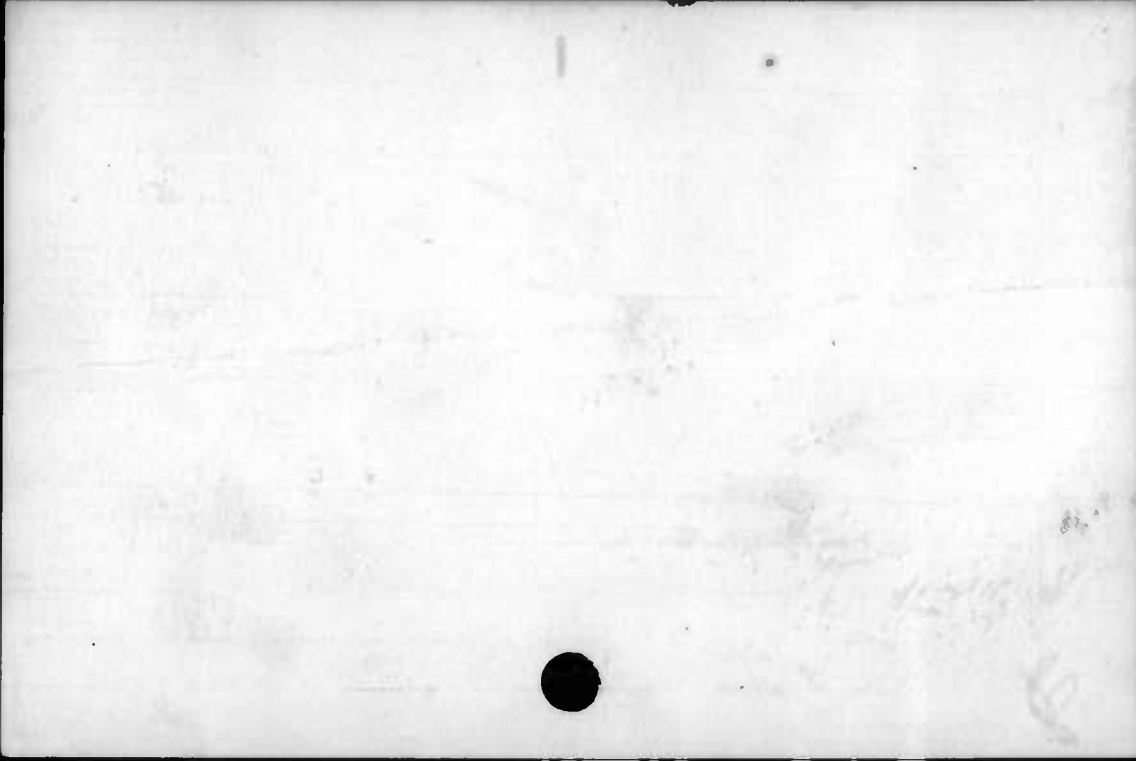
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm. Small M.D.
Springfield Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Samuel A. Stailey* Town *East-Riversdale* County *B. U. Co.* MARYLAND

Died at *East-Riversdale*

Date of death *1907* Month *Apr.* Day *1* Years *85* Months *-* Days *-*

Sex *Male* Color or Race *White* Birth-place *Pa.*

Occupation *Unknown* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *- Unknown*

Father's Name *Wm. Stailey* Father's Birthplace *Pa.*

Mother's Maiden Name *Elizabeth Sponenbury* Mother's Birthplace *Pa.*

Name of person giving information *H. Stailey* How related to deceased *Son*

CAUSES OF DEATH

Primary *Old age* How long *3 weeks*

Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

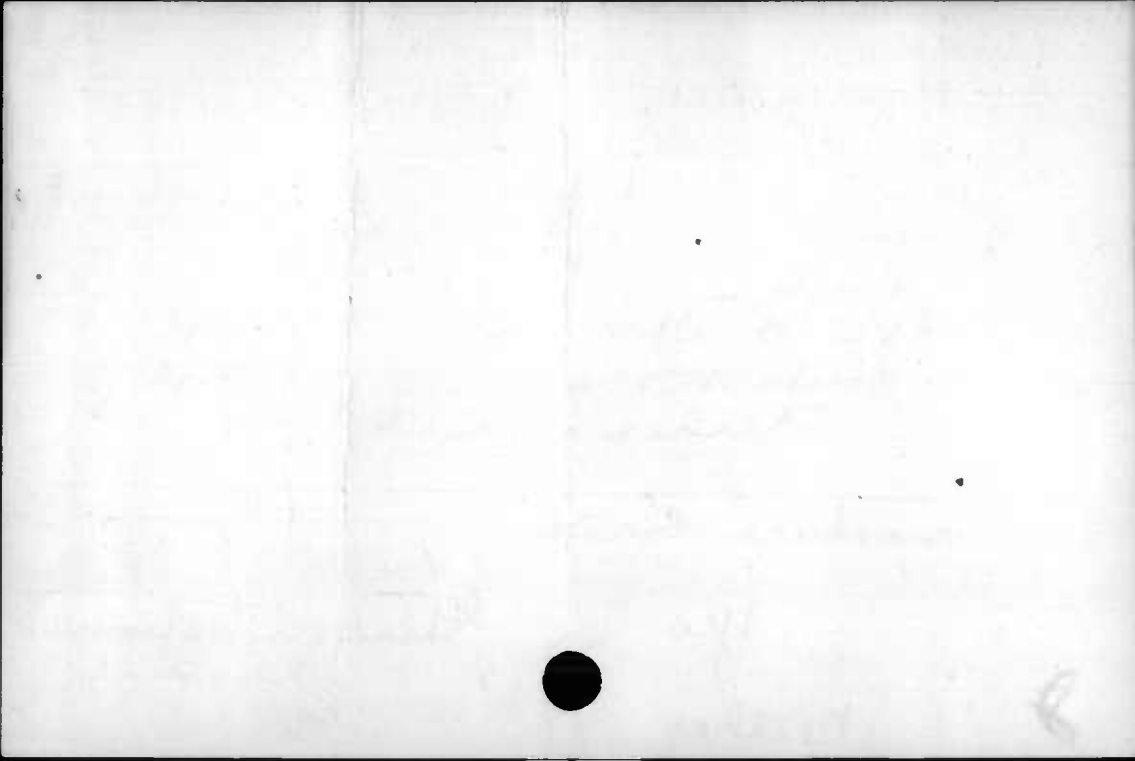
W. E. Willis

Address

1824 1/2 St. W.
W. E. Willis

Accident or Suicide?

No



Name
in
Full

(unnamed)

Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hyattsville

Town

Pr Lee

County

MARYLAND

Date of death 1907 apr 15

Month

Day

Age 15

Years

Months

Days

Sex male

Color or
Race

white

Birth-
place

Hyattsville

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Wm S. Stevens

Father's
Birthplace

Md

Mother's
Maiden Name

Roula Dowd

Mother's
Birthplace

Md

Name of person giving
In formation

Father of child

How related
to deceased

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Premature birth

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

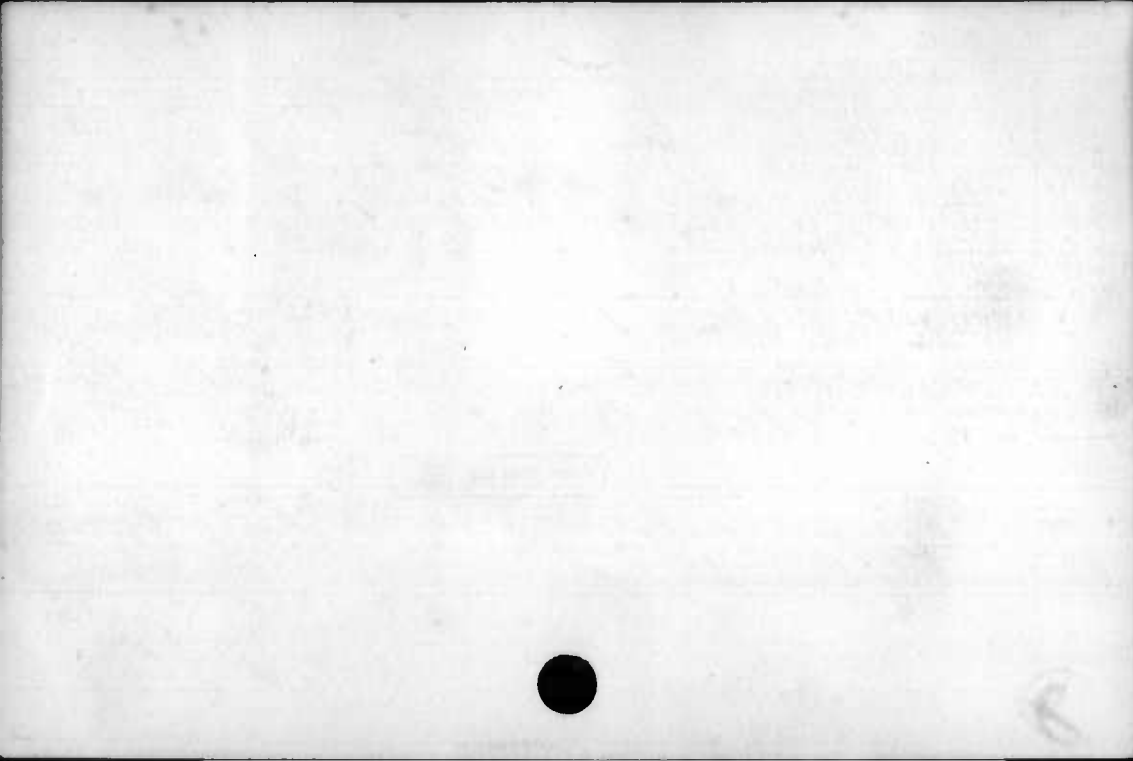
G. W. Thamer

Address

Hyattsville
Md

Accident or Suicide?

Neither



Name
in
Full

Charles Edward Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

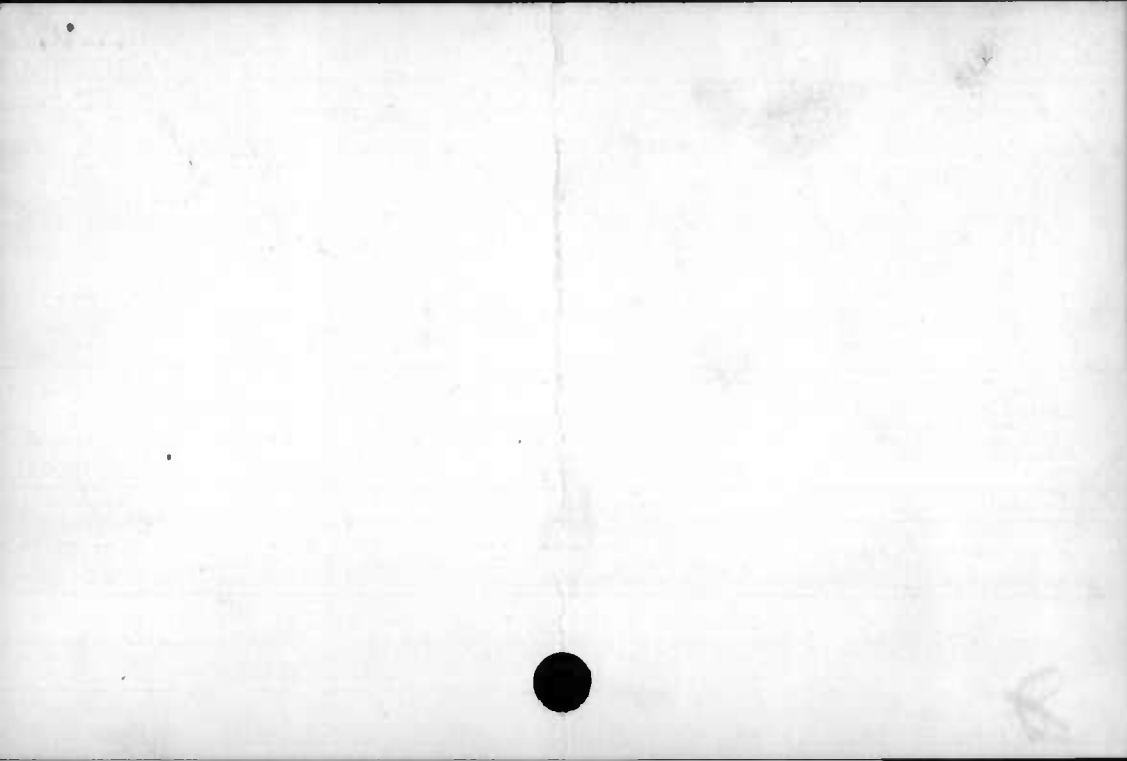
Died at <i>Maryland</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death	<i>1907</i> Month <i>April</i> Day <i>26th</i>	Age	Years	Months	Days
Sex	<i>Male</i>	Color or Race	<i>Caucasian</i>	Birth-place	<i>Maryland</i>
Occupation	<i>None</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Patrick Stewart</i>	Father's Birthplace	<i>P. G. Co. Maryland</i>		
Mother's Maiden Name	<i>Catherine Stewart</i>	Mother's Birthplace	<i>Maryland</i>		
Name of person giving information	<i>Patrick Stewart</i>	How related to deceased	<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>about 7 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>" 3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>A. J. Hinkel M. D.</i>	
		Address	
		<i>Hall, P. G. Co. Md.</i>	
Accident or Suicide? <i>_____</i>			

(93)



Name
In
Full

Henry L. Thompson

CERTIFICATE OF DEATH

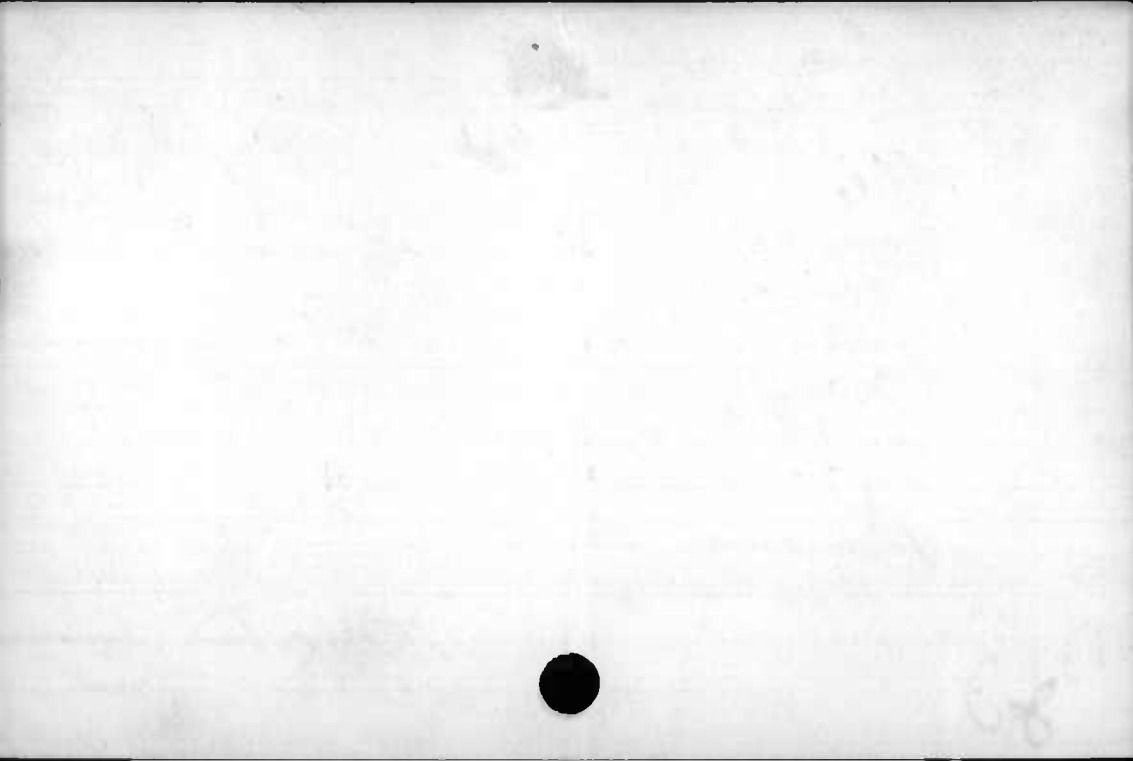
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Annapondale		County Prince George's		MARYLAND	
Date of death		Month April	Day 12	Age 55	Years	Months 11	Days 27
Sex Male		Color or Race White		Birth-place Cherry Hill			
Occupation Teacher				Where Residing if not at place of death at Prince George's			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name George Thompson				Father's Birthplace Don't know			
Mother's Maiden Name Levina Connell				Mother's Birthplace Don't know			
Name of person giving information Brother Clementine				How related to deceased None			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hemiplegia	How long	11 months
Immediate	Apoplexy + Coma	How long	about 24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. A. Fox	
Yes		Address Baltimore	
Accident or Suicide?		None	



Name
in
FullJames
William Francis Tolson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Aguasco

County

Pr. Geo

MARYLAND

Date

of death 1907

Month

April

Day

24

Age

Years

Months

Days

One

Sex

Male

Color or
Race

Colored

Birth-
place

Aguasco Ind

Occupation

None

Where Residing if not
at place of death

Aguasco Ind

Married, Single
or Widowed

Single

Name of Wife or
Husband

-

Father's
Name

John Tolson

Father's
Birthplace

Aguasco Ind

Mother's
Maiden Name

Mary Coleman

Mother's
Birthplace

Baltimore Md

Name of person giving
In formation

John Tolson

How related
to deceased

Father

CAUSES OF DEATH

151

Primary

Premature birth -

How long

8 mos.

Immediate

Weakness

How long

One day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

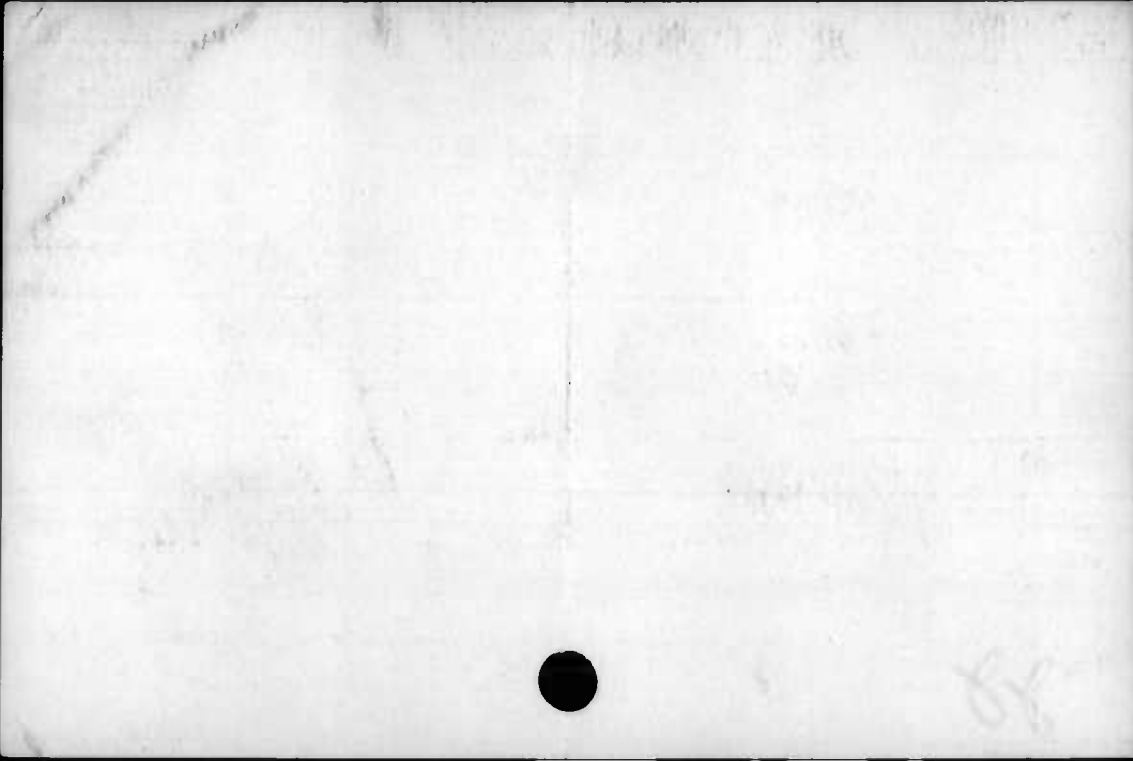
Address

H. Morton Brown
Aguasco Ind

Accident or Suicide?

8

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Tremmel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Swittland</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>April</i>	Day	<i>18</i>
Age	<i>65</i>	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth place	<i>Hungaria</i>
Occupation	<i>None</i>	Where Residing if not at place of death			
Married, or Widowed	<i>Married</i>	Name of Husband	<i>George Tremmel</i>		
Father's Name	<i>Adam Huy</i>	Father's Birthplace	<i>Hungaria</i>		
Mother's Maiden Name	<i>Madeline Portymann</i>	Mother's Birthplace	<i>Hungaria</i>		
Name of person giving information	<i>Teresa E Tremmel</i>	How related to deceased	<i>Daughter</i>		

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Cancer of the Liver</i>	How long	<i>1 year</i>
Immediate	<i>Asthenia</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>John E. Saubrey M.D.</i>
		Address	<i>Forestville P.O., Md.</i>
Accident or Suicide?			

29

Name
in
Full

CERTIFICATE OF DEATH

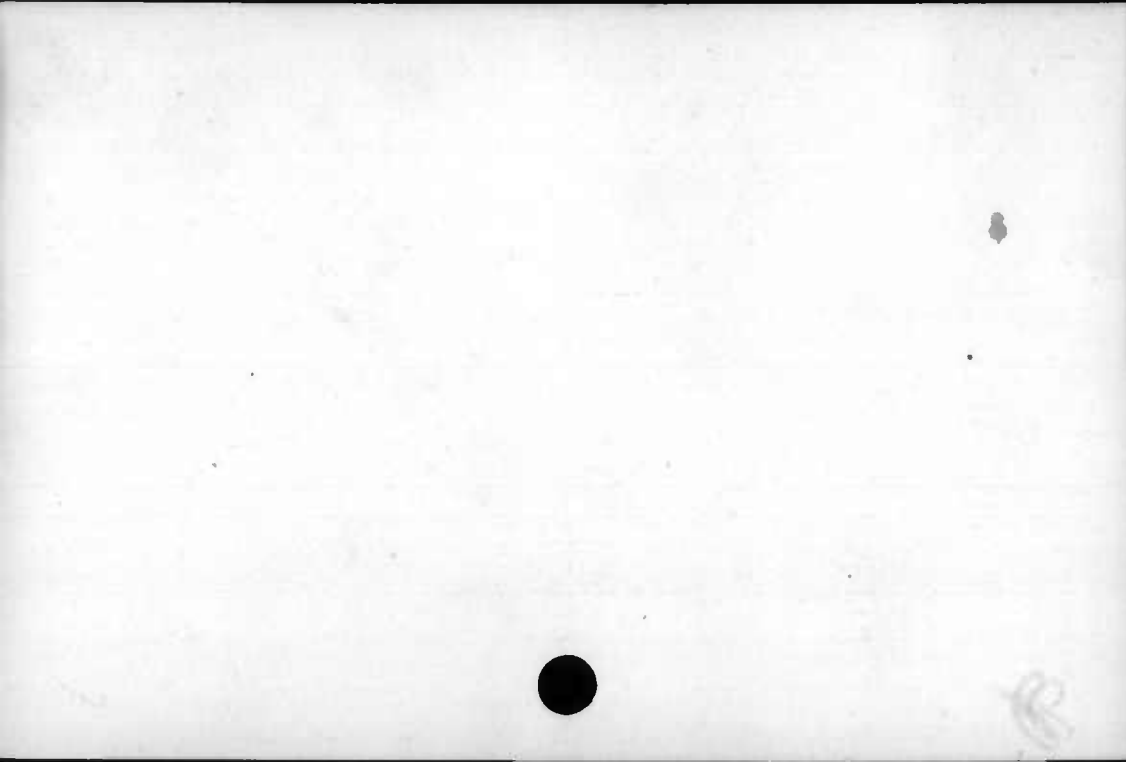
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Marion Walls</i>		Town <i>Clinton</i>		County <i>P. D.</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
1907		Apr 7		47			
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Md</i>			
Occupation <i>house</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Mr. Walls</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>-</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>-</i>					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Neurosthenia</i>	How long <i>7 mo</i>
Immediate <i>Paralysis</i>	How long <i>6 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Waring</i>
	Address <i>Clinton Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Thomas Warrick*
*Broad Creek Pr. Ex.*Date of death *1907* Month *4* Day *29* Age *—* Years *—* Months *1* Days *—*Sex *Male* Color or Race *Black* Birth-place *Md.*Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

How long

Immediate

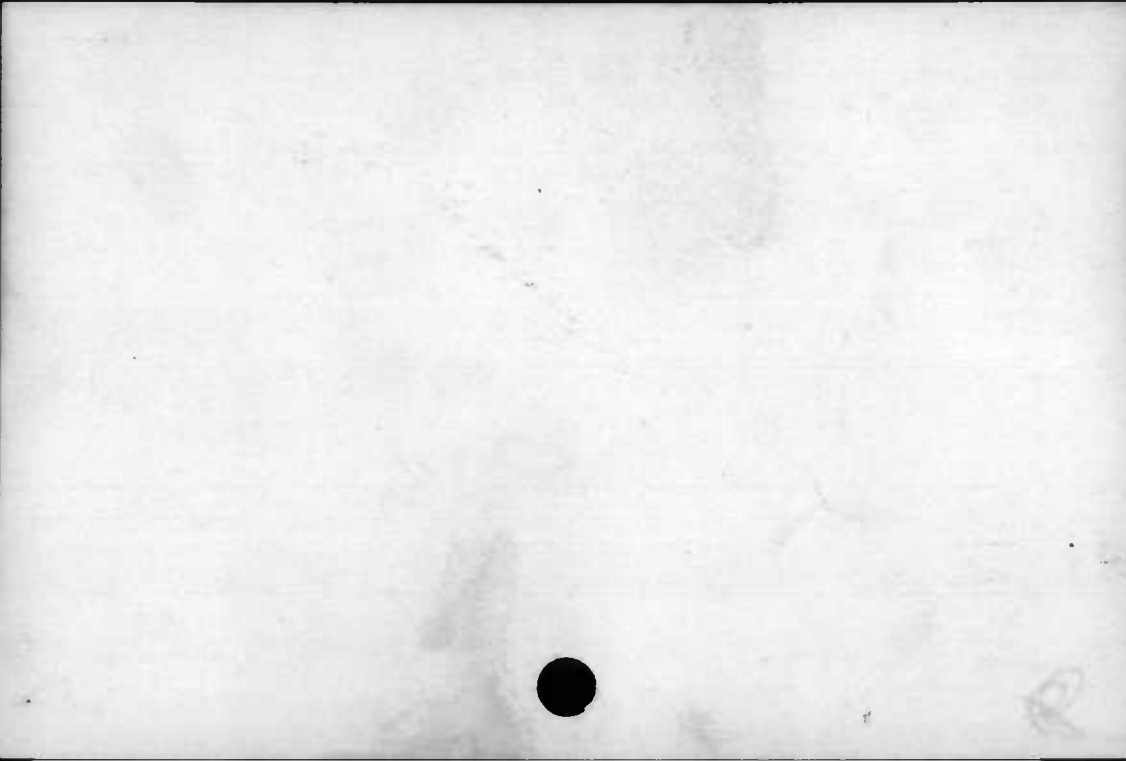
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Martha Ella Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Woodmore		^{County} Prince Georges		MARYLAND	
Date of death	1907	Month	April	Day	23 rd
Age	35	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Maryland
Occupation	House wife		Where Residing, not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Henry Williams		
Father's Name	Frank Wallace			Father's Birthplace	Don't know
Mother's Maiden Name	Don't know			Mother's Birthplace	Don't know
Name of person giving information	Henry Williams			How related to deceased	Husband

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary	Asthma	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Robert J. Gillof
		Address	Crown Leandall
Accident or Suicide?			

